

**Department of Veterans Affairs  
Minneapolis Health Care System  
2022-2023 Pharmacy Residency Manual**

**VA**



**U.S. Department  
of Veterans Affairs**



**ASHP-Accredited**

PGY1 Pharmacy Residency

PGY2 – Pain Management and Palliative Care

PGY2 – Psychiatric Pharmacy

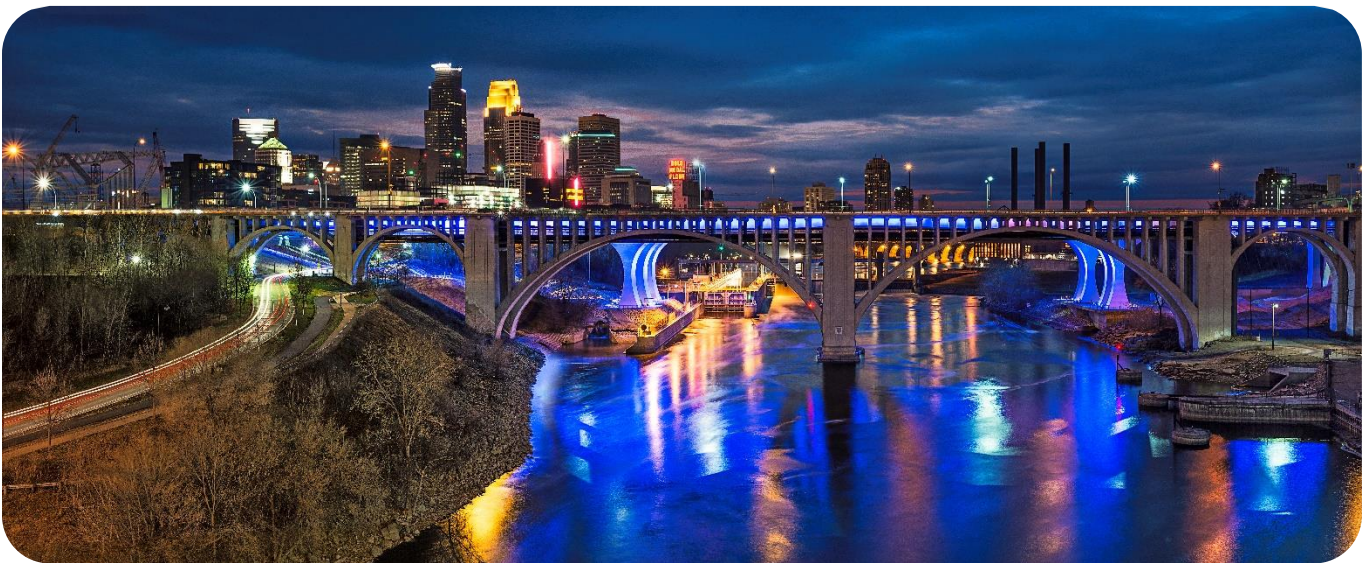
PGY2 – Geriatric Pharmacy



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*Minneapolis Skyline and Minnehaha Falls*

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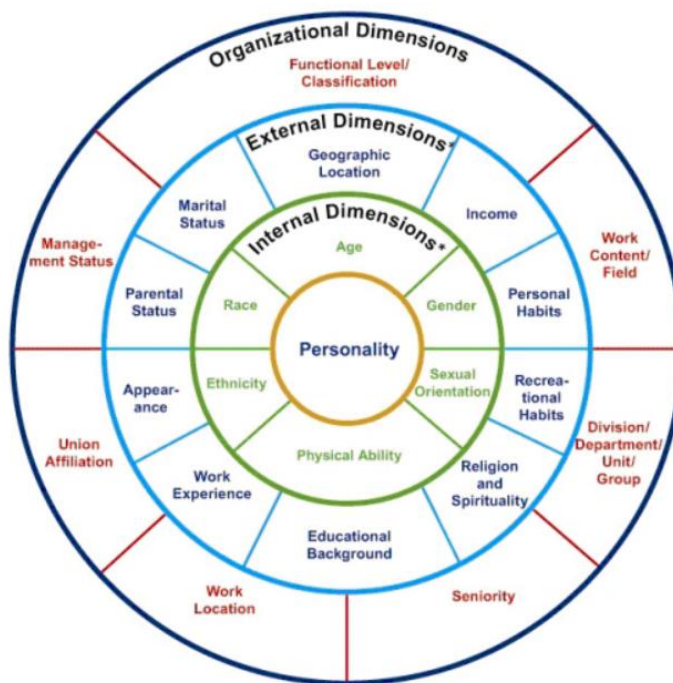
## Minneapolis Veterans Affairs Health Care System Minneapolis, MN Diversity Statement

### Diversity Statement

The Department of Veterans Affairs (VA) is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity and workplace inclusion in service to our nation's Veterans. The VA will vigorously enforce all applicable Federal EEO laws, regulations, executive orders, and management directives to ensure equal opportunity in the workplace for all VA employees.

Diversity is a concept by which value is placed on the differences of the people who make up our workforce. We strive to achieve diversity in various expressions, including but not limited to, age, gender, race, ethnicity, and sexual orientation. We embrace the opportunity to find ways of enabling people of many different backgrounds to make valuable contributions to our Minneapolis VA Health Care System pharmacy residency program. When individuals promote positive working relationships by learning to respect and appreciate people with diverse backgrounds, this improves the quality of care provided to our Veterans.

We celebrate our differences as individuals and unite as a pharmacy team toward a common goal: to provide a diverse educational environment that fosters the success of learners to provide culturally competent care that is inclusive of the Veteran population we serve.





## **Purpose and Goals**

The purpose of this PGY1 pharmacy residency program is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

This residency program aims to train pharmacists to provide pharmaceutical care, participate as a member of the health care team, and provide education to patients, health professionals and themselves. In addition, residents will learn to perform self-monitoring and demonstrate leadership through contributions to performance improvement. Residents will be encouraged to develop an approach to the profession that can lead to life-long learning and career satisfaction.

### ***Patient Care***

Independent provision of pharmaceutical care through participation on a health care team.

### ***Advancing Practice and Improving Patient Care***

Identify, and implement changes needed to improve patient care and medication use systems and assess the impact of these changes. Make contributions to the current and future knowledge bank through evaluation and investigation.

### ***Leadership***

Demonstrate leadership through a positive professional attitude and contributions to improvements in patient care systems. Perform self-monitoring and self-directed learning in preparation for life-long learning. Develop attitudes and skills for a satisfying career. Promote the profession of pharmacy and demonstrate professional commitment.

### ***Teach, Educate and Disseminate Knowledge***

Educate patients and health professionals about medication/health related issues. Communicate effectively, both verbally and in writing, with patients/public and members of the health care team and other health professionals to build relationships and accomplish goals.

### ***ASHP PGY1 Residency Competencies***

<https://www.ashp.org/-/media/assets/professional-development/residencies/docs/guidance-document-newly-approved-required-competency-areas-goals-objectives-2016> -Use this link to obtain competencies, goals and objectives.

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Welcome Letter**

**Welcome!**

Thank you for inquiring about the Minneapolis VA Health Care System (MVAHCS) Pharmacy Residency Programs. We are pleased you are considering our program(s) for your professional future! This booklet provides valuable information about our facility, teaching programs, preceptor faculty, and clinical practice experiences for the following residency programs:

- PGY1 - General, established 1963, ASHP-accredited (3 positions)
- PGY1 – General with an interprofessional experience in mental health, established 2013, ASHP-accredited (1 position)
- PGY2 - Psychiatric Pharmacy, established 2013, ASHP-accredited (1 position)
- PGY2 - Geriatrics, established 2018, ASHP-accredited (1 position)
- PGY2 – Pain Management and Palliative Care, established 2018, ASHP-accredited (1 position)

At the MVAHCS, over 100 pharmacists play a vital role in the delivery of patient care; working closely with physicians, nurses and other health care team members to ensure America's Veterans receive the finest care. We pride ourselves in providing an innovative and unique pharmaceutical care program in which all pharmacists participate.

As a resident, you will have the unique opportunity to gain clinical experience in a multitude of settings and practice environments with the opportunity to customize your residency based on your own professional interests. You will be directly involved in providing patient-oriented pharmaceutical care as well as completing projects and being involved in precepting opportunities through our affiliation with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. This residency program is designed to provide you with a comprehensive, well-rounded experience that will build a solid foundation for your future. We hope you will decide to join us for your residency year at the MVAHCS. We look forward to receiving your application!

Sincerely,



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### **Veterans Administration (VA) Mission**

To fulfill President Lincoln's promise: "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's Veterans.

### **About the Veterans Health Administration (VHA)**

The Veterans Health Administration is home to the United States' largest integrated health care system consisting of 150 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries. Together these health care facilities, and the more than 53,000 independent licensed health care practitioners who work within them, provide comprehensive care to more than 8.3 million Veterans each year.

### **VHA Mission**

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

### **VHA Vision**

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in national emergencies.

### **VA Core Values**



Because **I CARE**,

**Integrity.** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**Commitment.** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**Advocacy.** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**Respect.** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**Excellence.** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

## **VA Core Characteristics**

**Trustworthy.** VA earns the trust of those it serves – every day – through the actions of all employees. They provide care, benefits, and services with compassion, dependability, effectiveness, and transparency.

**Accessible.** VA engages and welcomes Veterans and other beneficiaries, facilitating their use of the entire array of its services. Each interaction will be positive and productive.

**Quality.** VA provides the highest standard of care and services to Veterans and beneficiaries while managing the cost of its programs and being efficient stewards of all resources entrusted to it by the American people. VA is a model of unrivalled excellence due to employees who are empowered, trusted by their leaders, and respected for their competence and dedication.

**Innovative.** VA prizes curiosity and initiative, encourages creative contributions from all employees, seeks continuous improvement, and adapts to remain at the forefront in knowledge, proficiency, and capability to deliver the highest standard of care and services to all of the people it serves.

**Agile.** VA anticipates and adapts quickly to current challenges and new requirements by continuously assessing the environment in which it operates and devising solutions to better serve Veterans, other beneficiaries, and Service members.

**Integrated.** VA links care and services across the Department; other federal, state, and local agencies; partners; and Veterans Services Organizations to provide useful and understandable programs to Veterans and other beneficiaries. VA's relationship with the Department of Defense is unique, and VA will nurture it for the benefit of Veterans and Service members.

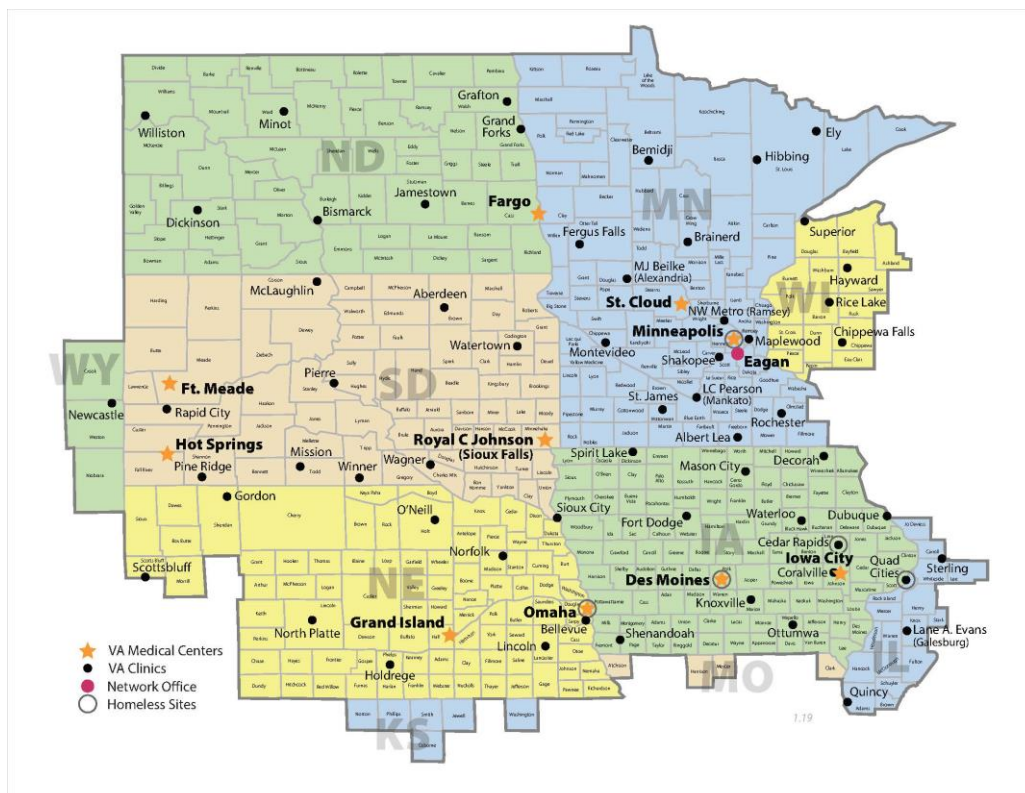




**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Facility Information**

The MVAHCS is a teaching facility which operates approximately 348 acute care beds including psychiatry, spinal cord, polytrauma & rehab, neurology, surgery, cardiology, intensive care and general internal medicine as well as 104 long term care beds through the Community Living Center (CLC). In addition to offering primary, extended, and specialty care, Minneapolis operates community-based outpatient clinics (CBOCs), such as Shakopee, Northwest Metro, Maplewood, Rice Lake and Hayward CBOCs. Pharmacy Service at Minneapolis is affiliated with the Colleges of Pharmacy from the University of Minnesota, North Dakota State University, South Dakota State University, Concordia University, and Creighton University. The MVAHCS is institutionally affiliated with the University of Minnesota School of Medicine.

The MVAHCS is part of the VA Midwest Health Care Network, also known as Veterans Integrated Service Network (VISN) 23. VISN 23 serves more than 430,000 enrolled veterans, and delivers health care services through 8 hospitals, 63 community based outpatient or outreach clinics, 8 community living centers and 4 domiciliary residential rehabilitation treatment programs. The Network employs over 12,500 full-time employees and has an annual operating budget in excess of \$2.5 billion. MVAHCS is one of the ten largest VA medical centers in the country, serving more than 100,000 veterans in a six-state area of the upper Midwest. Our facility is a teaching hospital providing a full range of patient care services with state-of-the-art technology, educational resources, and research. Comprehensive health care is provided through primary care, specialty care, acute care, and long-term care in areas of medicine, surgery, psychiatry, neurology, oncology, and geriatrics.



**VA**



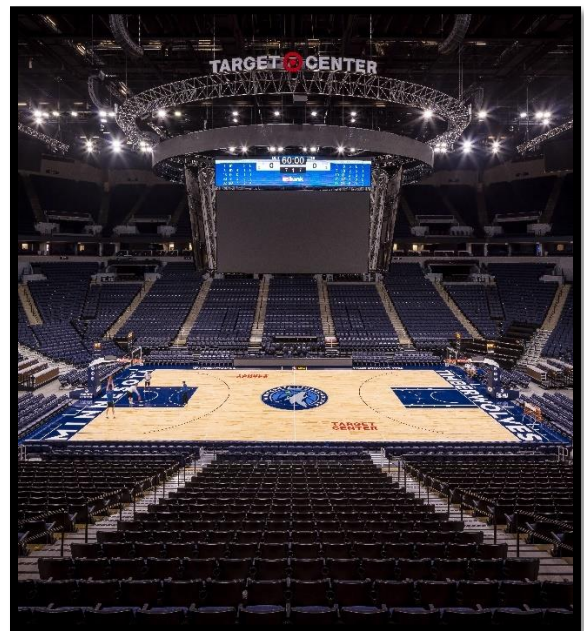
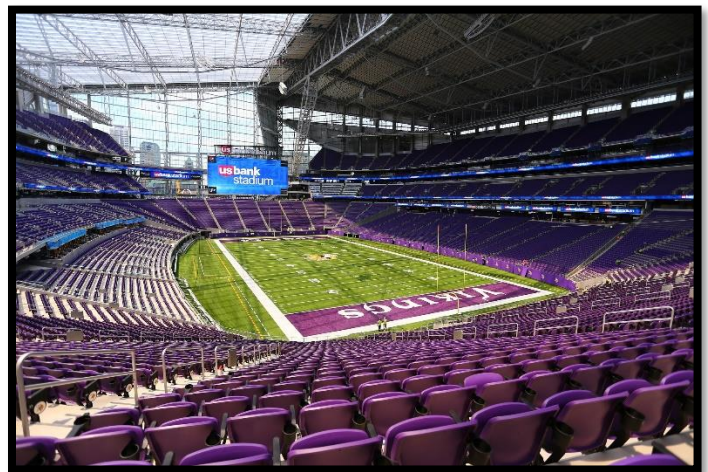
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**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Facility Information  
Continued**

## **Interactive Minneapolis VA Map**

<https://v2.interactive.medmaps.com/site/minneapolisvamc>

# Minneapolis Veterans Affairs Health Care System Minneapolis, MN Pharmacy PGY1/PGY2 Pharmacy Scope of Practice and Clinical Services



Minnesota is home to seven professional sports teams, including the Vikings (football), Wild (hockey), Timberwolves (basketball), Lynx (basketball), Twins (baseball), St. Paul Saints (baseball), and Minnesota United FC (Soccer). We also are home to the University of Minnesota which has multiple collegiate sports.



## **Pharmacy Scope of Services**

Pharmacy Service is a profession dedicated to the provision of appropriate drug therapy involving clinical review, evaluation, monitoring and consultation of drug therapy; the provision of drug information; the provision of education to the patient/family/caregivers and staff about drug therapy; the procurement, preparation, compounding, labeling, dispensing, and control of drugs and related supplies; the provision of clinical reviews, monitoring and appropriate controls over investigational use drugs; and the provision of preventive health services.

- a) **Types and ages of patients served:** The types of patients served include Veterans in their late teens to geriatric age and others eligible for VA care who are acute, chronically or terminally ill.
- b) **Methods used to assess and meet patient's needs:** Pharmacists participate in multidisciplinary rounds on patients admitted to the MVAHCS. Pharmacists are active members of local, system-wide, VISN, and National committees. Pharmacists participate in monitoring based on hospital protocols, established criteria for use, and evidence-based medicine. Pharmacy staff are involved in the development, implementation, monitoring, and continued evaluation of pharmacy service policies, procedures and protocols. Pharmacists use laboratory data and clinically verified data for initiating, evaluating, and monitoring drug therapy. Pharmacists use the electronic medical record for clinical care of the patient including but not limited to reviewing documented allergies, reviewing and documenting patient care activities, reviewing and ordering laboratory data, and the reviewing and prescribing of medications. Pharmacy staff members are members and contributors to many collaborative efforts to improve patient outcomes
- c) **Scope and complexity of patient care needs:** The complexities of our patients range from non-complex to very complex in all specialties provided by this health care system. Our primary care services are robust. All of our primary care patients are assigned to a Patient Aligned Care Team (PACT). This team includes the patient (at the center), physician/provider, nurse, pharmacist, dietitian, social worker, psychologist, medical support assistant, and others who are involved in the direct care of the patient. Specialty care includes but are not limited to Cardiology, Immunology, Dermatology, Neurology, Endocrinology, Gastroenterology/Hepatology, Hematology/Oncology, Nephrology, Infectious Disease/HIV, Rheumatology, Podiatry, Pain Management and Palliative Care, Ears Nose and Throat (ENT), Geriatrics, and Pulmonology. Psychiatric services are available on both an inpatient and outpatient basis. Outpatient includes the serious mental illness team, PTSD team, addictive recovery services, geriatric mental health team, and many others. Our facility has several inpatient areas as well including general internal medicine, cardiology, traumatic brain injury, spinal cord injury, community living center, palliative care, surgical intensive care unit, and medicine intensive care unit. Surgical services include but are not limited to general, cardio-thoracic, orthopedic, urology, and vascular. Our facility also has a very strong research center. Other services not mentioned above include smoking cessation, anesthesiology, radiology, nuclear medicine, dental, optometry/ophthalmology, physical therapy, occupational therapy, dietary, drug information, and more.



## **Pharmacy Scope of Services Continued:**

- d) **Appropriateness, clinical necessity, and timeliness or support services provided by the hospital or through referral contracts:** Prescriptions are reviewed by a pharmacist during the verification and dispensing process with consideration given to therapeutic and formulary impact. Pharmacists provide pharmacotherapy services in specialized areas with prescriptive privileges delineated in their scopes of practice.
- e) **Extent to which the level of care/services provided meets the patients' needs:** Due to the 24-7 nature of the inpatient pharmacy service, a pharmacist will be available at all times for patient education, drug information, drug therapy monitoring, adverse drug reaction evaluation, and other clinical pharmacist services that may be required. Additionally, the VA's Call Center provides customer service and support to Veterans, their beneficiaries and caregivers regarding pharmacy-related inquiries Monday through Friday from 8:00 A.M. until 5:00 P.M. The pharmacy staff providing services and care throughout the MVAHCS include: clinical pharmacists, clinical pharmacy specialists, program managers, pharmacy residents (4 PGY1 residents and 3 PGY2 residents), pharmacy interns, pharmacy clerkship students, and pharmacy technicians. Pharmacy services are available in a variety of clinical settings including: in face-to-face clinic visits, phone clinics, telehealth (telephone and video), secure messaging, and via electronic consult. Clinician pharmacists provide their services by being present on rounds, providing consult services, attending disposition meetings, providing ongoing patient care records review, developing criteria of use, performing as providers under scopes of practice, teaching, and serving as preceptors to students and pharmacy residents, and many manage pharmacotherapy clinics.
- f) **Recognized standards or practice guidelines:** Pharmacy Service practice is directed by the Veterans Health Administration Handbooks and Directives, Code of Federal Regulations, professional organizations and regulatory agencies.

## **Clinical Pharmacy Services**

Provision of clinical pharmacy services is a dynamic process with services continually changing and being created based on the needs of the health care system. Pharmacy is a clinical profession and all of our pharmacists provide clinical services at one level or another. The intent of the next section is to provide the resident with a brief description of some of the clinical pharmacy services and pharmacists providing them that are likely to be encountered as part of residency training.

## **Ambulatory Care Section**

### Primary Care Clinics/PACT

The Patient Aligned Care Teams (PACT) are interdisciplinary primary care teams designed to improve continuity of care and access to care for ambulatory Veterans. The clinical pharmacy specialists are members of a multi-disciplinary team that coordinates the total medical care for Veterans. Responsibilities of the clinical pharmacy specialist in the PACT clinics include medication reviews, drug monitoring, drug information, and direct patient care through an independent scope of practice, serving as the prescriber, based on the needs of the patient and PACT team. The pharmacist is actively involved in team meetings, patient case management, and team in-services as well as providing direct disease state management on conditions such as diabetes, hypertension, hyperlipidemia, heart failure, pain management, and smoking cessation, but also including many other disease states.

### APACT

The Academic PACT (APACT) is unique in that it serves as the continuity clinic for University of Minnesota Internal Medicine residents, thus providing an opportunity to provide patient care alongside learners from other disciplines. Responsibilities of the APACT clinical pharmacy specialist (CPS) include patient panel management, provision of drug information, medication reviews, and direct patient care through an independent scope of practice, serving as the prescriber, based on the needs of the patient and team. Conditions encountered include but are not limited to diabetes, hypertension, hyperlipidemia, heart failure, pain, gout and tobacco cessation. The CPS is also actively involved in pre-clinic huddles, monthly team meetings, and weekly didactic curriculum sessions, developing and presenting pharmacy-related in-services as needed.

### Anticoagulation Clinic

Pharmacy service is equipped to provide clinical services directly to outpatients. The clinical pharmacy specialists in the Anticoagulation Clinic have varied responsibilities directly related to patient care. Among these responsibilities are managing drug therapy and providing drug information and patient consultation in the management of outpatient anticoagulation patients. This includes warfarin, injectable therapy options as well as the Direct Oral Anticoagulants (DOACs).

### Cardiology Clinic

Pharmacists working in Cardiology Clinic provide care in an outcomes-based, pharmacist-managed heart failure clinic as well as comprehensive cardiology pharmacology services to include antiarrhythmic monitoring and review of complex cardiac patients. Patients are referred from Cardiology and Primary Care services. The pharmacist serves as an independent practitioner providing management in the setting of atrial fibrillation/atrial flutter, CHF, and co-morbidities. The practice also aims to provide evidence-based therapy (diuretics, ACEI's, ARB's, digoxin, beta-blockers, hydralazine, ISDN, spironolactone, sacubitril/valsartan, dapagliflozin, etc.) to achieve optimal outcomes in our heart failure patients (morbidity, mortality, and QOL).

### Infectious Disease (ID)/HIV Clinic

Pharmacists working in the ID/HIV Clinic provide care in an outcomes-based, pharmacist-managed clinic as well as comprehensive pharmacology services to include drug monitoring, drug information, and review of complex patients. The pharmacist serves as an independent practitioner providing management of human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), sexually transmitted infections (STIs), latent tuberculosis, and other diseases and co-morbidities. The pharmacists are also responsible for providing preventative care to our veterans traveling outside the United States, as well as triaging post care as needed. Patients are referred from Infectious Disease services with the exception of PEP which is often referred from the Emergency Department. The pharmacists are also involved in team meetings, patient case management, and team in-services as needed.

### Specialty Care Clinics

The Specialty Care Clinics are designed to provide access to care for patients with specialty needs. The clinical pharmacy specialists (CPS) work with the specialty care providers to coordinate pharmaceutical care for the Veterans followed in these clinics. Responsibilities of the clinical pharmacy specialists in the Specialty Care Clinics are to provide evidence based care, as well as comprehensive pharmacology services to include medication reviews, drug monitoring, drug information, and serve as a provider through an independent scope of practice for patients in areas such as infectious disease/HIV (see above), hepatology, nephrology, cardiology (see above), pulmonology, rheumatology, endocrinology, pain management and palliative care, spinal cord injury and disorders, and others. For example, the CPS serves as an independent practitioner providing management of diabetes for patients on complex insulin regimens and devices (continuous glucose monitors and insulin pumps); chronic kidney disease (CKD) management in settings of end stage renal disease (ESRD) non-dialysis, dialysis and renal transplant; gout management; chronic obstructive pulmonary disease (COPD) and severe persistent asthma management. Patients are referred from specialty or primary care services. The pharmacist is also involved in team meetings, patient case management, and team in-services as needed.

### Women's Health

Comprehensive Women's Health Clinic is a primary care clinic designated to meet the needs of our female Veterans. The women's health clinical pharmacy specialist provides similar services as other PACT pharmacists such as chronic disease management (diabetes, hypertension, substance use, etc.), conducts medication reviews, provision of drug information, and direct patient care through an independent scope of practice based on the needs of the Veteran and the team. Specific to women's health, the pharmacist also provides case management for topics including sexual health, hormone replacement therapy, contraception, maternity care, infertility, LGBT+ care, etc. Outside of the Women's Health Clinic, the pharmacist serves as a consult for other teams providing care for female Veterans and facilitates quarterly women's health curriculum discussions for medical residents.

### Community Based Outpatient Clinics (CBOCs)

The CBOCs are smaller clinics that provide primary care services and some mental health services. They provide on-site PACT clinical pharmacy services (although not an on-site pharmacy) at each of these locations as members of the PACT team. See primary care (PACT) above.

### Other Pharmacist Managed Clinics in Ambulatory Care

The Minneapolis Veterans Health System Pharmacy Service has established and continues to develop a number of pharmacist-managed clinical services throughout our health care system in person and through tele-health or electronic consults. Some of the other ambulatory care clinics not mentioned above include dermatology, emergency medicine, and hematology/oncology.



## **Geriatrics Section**

### Community Living Center, Palliative Care

The clinical pharmacists for institutionalized geriatric patients actively monitor and are involved in the medication management of patients in the CLC and Palliative Care Units. These pharmacists are responsible for assuring that medication reviews are documented in the progress notes, provides other clinical services when needed, and works closely with all members of the team in these areas. The Clinical Pharmacy Specialists in these settings have a scope of practice and actively participate in the care of patients through management of anticoagulation, antibiotic therapy, and other conditions based on the needs of the patient and team.

### Home Based Primary Care

Home Based Primary Care (HBPC) is health care services provided to Veterans in their home. The program is for Veterans who need team based in-home support for ongoing diseases and illnesses that affect their health and daily activities. Veterans usually have difficulty making and keeping clinic visits because of the severity of their illness and are often homebound, but that is not required. The HBPC clinical pharmacy specialist (CPS) works closely with the interdisciplinary health care team including medical doctors, nurse practitioners, registered nurses, license practical nurses (LPNs), social workers, occupational therapist, recreation therapist, and dietitians. In this setting, the HBPC CPS functions as a pharmacist provider through a scope of practice. This involves full-model patient panel management including intake and follow-up visits as indicated. The CPS also sees patients for brief, defined periods of time to help with specific medication-related issues, such as disease state management, tapering, titrations, complex regimens, and falls reduction and prevention. HBPC pharmacists are required to review a patients medications within 30 days of admission to HBPC and quarterly on all enrolled patients. The CPS serves as a drug information resource for all members of the clinic both informally (e.g. in person, phone, IM) and formally through e-consults.

### GRECC Care

The Geriatric Research Education and Clinical Center (GRECC) clinic is an interprofessional clinic which evaluates patients with memory concerns, provides consensus diagnosis for dementia, and helps families identify resources for dementia. The pharmacist in the GRECC clinic provides a medication review that focuses on medication reconciliation, identifying medication adherence concerns, safety concerns with how the patient is using medications, identify medications that may cause or worsen cognitive impairment, and to assist the medical team to make medication decisions. Often additional medication therapy recommendations are made to primary care teams for other medication related problems identified during the appointment. GRECC clinic is composed of team members from multiple disciplines including primary care, neurology, geropsychiatry, occupational therapy, and social work. Learners from various professional programs also rotate through GRECC, pharmacy learners include PGY-2 Geriatric residents, PGY-1 general resident, and pharmacy students.

## **Acute Care and Inpatient Medicine Section**

### General Internal Medicine and Cardiology Acute Care

The Internal Medicine and Cardiology Clinical Pharmacy Specialists coordinate clinical services provided to patients admitted to the acute care wards of the MVAHCS. These clinical pharmacy specialists participate in interdisciplinary disposition rounds, complete admission medication interviews and medication reconciliation, assess and process medication orders, and perform discharge medication reconciliation and patient education. Pharmacists have a scope of practice to provide pharmacokinetic, anticoagulation, and tobacco cessation dosing and monitoring and may renally dose medications per policy. Pharmacists also consistently offer essential drug information and therapy recommendations to the healthcare team to optimize patient care.

### Critical Care

Pharmacists working in the Intensive Care Unit provide therapeutic drug monitoring for a diverse veteran critical care population, including both medical and surgical patients. The clinical pharmacists participate in daily multidisciplinary rounds, perform admission medication histories, medication reconciliation, anticoagulation and pharmacokinetic monitoring. Pharmacists are also involved in hospital committees for quality improvement initiatives related to critical care.

### Infectious Disease

The clinical pharmacy specialist (CPS) is responsible for antimicrobial stewardship on individual patients and for the health care system as a whole, and also provides infectious disease patient care. They work collaboratively with the Infectious Disease consult team as well as with the Physician Antimicrobial Stewardship champion to provide intervention and feedback antimicrobial consultative services for inpatients and outpatients, co-lead Antimicrobial Subcommittee of the Pharmacy and Therapeutics committee, and are involved with various initiatives to improve outcomes associated with infectious diseases and the optimal use of pharmaceuticals to prevent and treat infections. This position is held by a different CPS from the ambulatory care position discussed above.

## **Pain Management and Palliative Care Section**

The MVAHCS incorporates pain management clinical pharmacy services into every level of the Pain Management Model of Care. PACT clinical pharmacy specialist (CPS) and the Community Based Outpatient Clinic (CBOC) Pain Management CPS provides clinical services in specialized areas including pain management, opioid stewardship, and substance use disorder. The CBOC Pain Management CPS emphasizes provision of pain management services to our rural veteran population. Both the PACT CPS and the CBOC Pain Management CPS may participate as members of the Primary Care Pain Management Team (PCPM), an interprofessional team within primary care that provides coordinated interdisciplinary pain management services. As the MVAHCS serves as the hub for VISN 23 Pain Management, the Comprehensive Pain Center (CPC) provides tertiary level pain management services and is staffed by a 30+ interprofessional team with specialized training in pain management. The comprehensive pain center provides interdisciplinary multi-modal treatment strategies that includes ambulatory clinics, interventional pain, Chronic Pain Rehab Program, inpatient pain consult team, and more. The Pain Management Specialty CPS is integrated with the Comprehensive Pain Center and provides services throughout the CPC teamlets. Patient referral to the CPC and associated services is by physician initiated consult to the Pain Center. Clinical Pharmacy Specialists that provide pain management at the MVAHCS have a scope of practice and participate on committees and workgroups impacting processes and policies that span the spectrum of pain management settings. The hospice and palliative care clinical pharmacist serves a primary role with the inpatient hospice unit within the Community Living Center (CLC) and will provide clinical services with the hospice and palliative care team for outpatient programs as needed.

## **Psychiatry Section**

MVACHS has a team of seven mental health (MH) clinical pharmacy specialists (CPS) who serve a variety of outpatient and inpatient interprofessional teams. The outpatient MH CPS operates under a scope of practice with collaborating psychiatrists to provide full-model patient panel management. Additionally, the outpatient MH CPS works with patients for brief, defined periods of time to assist with specific medication-related issues, such as drug-interactions, tapering, titrations, complex regimens, etc. The inpatient MH CPS is responsible for comprehensive pharmacy care including admission medication history and reconciliation; discharge medication reconciliation and counseling; tobacco cessation management and psychotropic drug monitoring through a scope of practice; individual and group patient education; inpatient order verification; interdisciplinary team meeting and rounds. All MH CPS provide pharmacy-related assistance to other team members, MH staff as a whole, and pharmacy staff as needed, via a formal MH pharmacy consult service and informal “curbside” consults, education for clients, assistance with finishing or expediting medication orders in special circumstances, serving as specialty resource for pharmacists working in other areas, and acting as general liaison between MH Service Line and Pharmacy Service.

## **Other Services Section**

### Investigation Drug Section

Investigational drugs are dispensed by the research pharmacist in Pharmacy Service only upon written consent of any physician on the approved protocol. The Investigational Drug Section clinical research pharmacist aids in conducting the clinical and administrative components of drug research at our medical center. This pharmacist assures that drug studies are carried out safely and effectively, and helps assure compliance with VA, federal and state laws and regulations, and The Joint Commission (TJC) standards concerning investigational drugs.

### Oncology/Hematology Section

In the field of medicine, chemotherapy still represents the most toxic application of drug therapy. The primary goals of the Oncology Clinical Pharmacy Specialists are to minimize toxicity while providing adequate cytotoxic tumor effect with the use of chemotherapeutic agents. The pharmacist serves as an information source to the Oncology/Hematology staff for the current chemotherapy protocols, as well as alternative plans. The pharmacist also determines dosage adjustments reflecting the patient's renal, hepatic, and hematologic status as well as assists with providing symptom management for the regimen and disease progression.

### Formulary Management Section

Drugs not on the formulary may be obtained for use in situations where all formulary agents have been given an adequate trial or where the specific clinical situation warrants it (the PBM and/or P&T approved criteria for use have been met). Restricted and non-formulary drugs require meeting the established criteria for use and/or the concurrence of the clinical pharmacist or as designated in the VA national formulary. The formulary and criteria are available for reference electronically. Providers can place consults for non-formulary or medications that are on formulary with prior authorization required and those consults are reviewed by clinical pharmacists to assure that criteria for non-formulary use are met.



# Minneapolis Veterans Affairs Health Care System Minneapolis, MN Pharmacy PGY1/PGY2 Program Overviews



The Twin Cities are known for their love of music: above is the famous First Avenue club, below is a concert at the Armory in downtown Minneapolis and a mural of Bob Dylan on Hennepin Avenue.



Since 1970, First Avenue & 7th St. Entry has been a spot for music and fun. First Avenue has survived numerous owners, name changes, and even bankruptcy, but has stood the test of time. Some of the biggest artists in the world played in First Ave's Main room, such as U2, The Replacements, and Prince. First Ave club has a lot of history and is even thought to be haunted.

## **PGY-1 Residency**

### **Purpose Statement**

The purpose of the Pharmacy PGY1 Residency is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training. Residency graduates will be prepared for a PGY2 residency or to provide pharmaceutical care, primarily to ambulatory, geriatric and long term care patients, participate as a member of the health care team, and provide education to patients and health professionals.

### **Program Overview**

The Pharmacy PGY1 Residency is designed to provide residents with experiences that will enhance their knowledge and skills so they can provide excellent pharmacotherapy for patients. The nature of the patient population in the VA setting allows for continuity of care across the continuum. Pharmacists practice in the ambulatory, acute care, and long-term care settings. Opportunities for patient contact are available throughout the rotations. The PGY1 Residency is a 12 month full time commitment.

This post-graduate year one (PGY-1) Pharmacy Residency program is one of the first accredited residency programs with almost 60 years of continuous accreditation by the American Society of Health-System Pharmacists (ASHP). Residents will have experience in ambulatory care, acute care, and other elective areas of care, participate as a member of the health care team, and provide education to patients and health professionals. In addition, residents will learn to perform self-monitoring and demonstrate leadership through contributing to performance improvement. Residents will be encouraged to develop an approach to the profession that can lead to life-long learning and career satisfaction.

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Rotations/Requirements**

## Rotations and Requirements

### Basic Outline:

Area	Duration
Introduction/hospital administrative orientation	2 weeks
Outpatient Orientation	1 week
Inpatient Care*	17 weeks divided into 3 blocks throughout the year
Ambulatory Care*	10 weeks divided into 2 blocks throughout the year
Advanced Care*	3 weeks
Leadership, Quality, and Management (block)	3 – 1 week blocks throughout the year
Interprofessional Experience Block (IPE)*	4 weeks
Interprofessional Experience (IPE)*	Longitudinal: 45 weeks, 1 day per week
Women's Health Consult Service	Longitudinal: 36 weeks
Professional Service	Longitudinal: 50 weeks
Project/Research	Longitudinal: 50 weeks, 1 day per month is dedicated as project day
Electives*	10 weeks (pending holidays, vacations, etc.)
Vacation	Accumulate 4 hours every 2 weeks
Holidays	11 holidays off
Staffing/service	Average of 22 hours per month, averaging 1 weekend & 1 Friday evening per month

**\*There are choices for each of these areas which are explained/listed in the following pages of this manual.**



**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Rotations/Requirements**

## **Available Rotational Choices**

- Interprofessional Experience (IPE) – Longitudinal:

Each resident will have an IPE for the year. This includes a longitudinal and block rotation. The longitudinal experience occurs one day per week in one of the following areas. See below for the block rotation.

- Interprofessional Experience Geriatric Research, Education and Clinical Center (GRECC)
- Interprofessional Experience with Infectious Disease (ID) Team
- Interprofessional Experience with Academic Patient Aligned Care Team (APACT), i.e. Medicine Resident Clinic
- Interprofessional Experience with Serious Mental Illness (SMI) Team (match application process)

- Interprofessional Experience (IPE) – Block:

Each resident will have an IPE for the year. This includes a longitudinal and block rotation. The block rotation is 4 weeks in duration in one of the following areas. This block rotation will be with the same team/preceptor as the longitudinal rotation. See above for the longitudinal rotation.

- Home Based Primary Care (HBPC) for those on the GRECC longitudinal path
- Infectious Disease for those on the ID longitudinal path
- Academic Patient Aligned Care Team for those on the APACT longitudinal path
- Serious Mental Illness SMI) Team for those on the SMI longitudinal path (match application process)

- Inpatient Care:

Each resident will have three inpatient care experiences from the following. One experience will be 8 weeks in duration, this rotation includes an introduction (orientation) to acute care plus IV/unit dose training. The other two of the experiences (rotations) will be 4-5 weeks in duration, 17 weeks total. The resident will have the option to choose between an advanced rotation in either acute care OR ambulatory care, see the next page for more info. The resident(s) who choose the acute care advanced option will be required to take cardiology, general internal medicine, and intensive care medicine. The resident(s) who choose the ambulatory care advanced option will be able to substitute the community living center for one of the above options.

- Cardiology
- General Internal Medicine
- Intensive Care Medicine
- Community Living Center (Dementia and/or Rehab) – Advanced amb care selection only, see above.





**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Rotations/Requirements**

- Ambulatory Care:

Each resident will choose two ambulatory care experiences from the following. Each of the experiences (rotations) will be 5 weeks in duration, 10 weeks total. It is expected that the resident will take over as the primary pharmacist provider during the last 2-3 weeks of the second rotation.

- Primary Care
- Women's Health
- Community Based Outpatient Clinic (CBOC)
- Specialty Care
- Anticoagulation

- Advanced Acute Care/Ambulatory Care:

Each resident will choose an advanced 3 week rotation in either acute care OR ambulatory care. The expectation during this rotation is that the resident will practice mostly independent. This rotation is attached to one of the residents required rotations listed above under Inpatient Care or Ambulatory Care and acts as an extension to that rotation. This allows the resident to be trained prior to the advanced portion of the rotation.

- Electives:

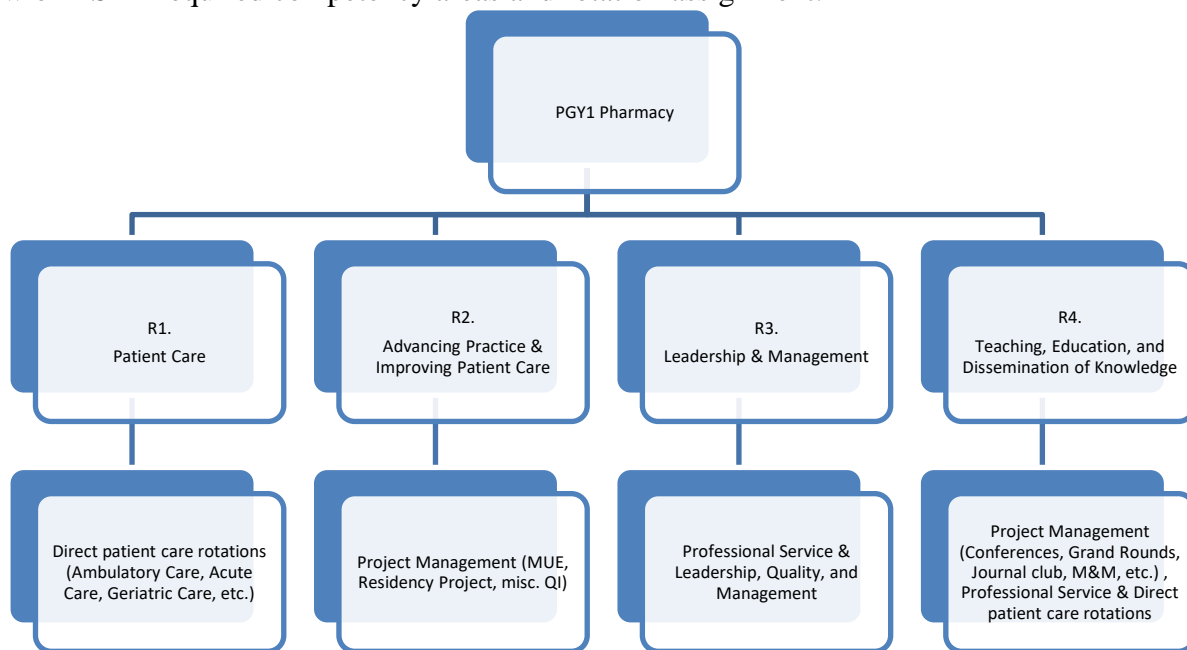
Each resident will be able to choose which electives they would like to take. Electives are 4-5 weeks in duration.

- Academic Detailing
- Addiction Recovery Services
- Advanced Specialty Ambulatory Care
- Advanced Primary Care
- Advanced General Internal Medicine
- Advanced Cardiology
- Anticoagulation
- Antimicrobial Stewardship
- Home Based Primary Care
- Hospice and Palliative Care
- Informatics
- Inpatient Psychiatry
- Oncology
- Pain Management
- Research
- Serious Mental Illness Team
- Spinal Cord Injury
- Traumatic Brain Injury/Polytrauma/Rehab
- Women's Health
- Other elective learning experiences may be developed based on the residents interest and preceptor availability

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Program Structure and  
Benefits/Stipend**

## Program Structure

Overview of ASHP required competency areas and rotation assignment:



*MUE: Medication Use Evaluation; M&M: Morbidity & Mortality; QI: Quality Improvement*

## Benefits/Stipend

Residents are eligible for health and life insurance, vacation, and sick leave. There is free on-site parking; the medical center is located on the Hiawatha light rail line. The annual stipend for all PGY-1 programs is \$44,878. Residents may be approved to apply for dual appointment which will allow them to pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend.

**ASHP Code: 63101**

**NMS Code: 190813 (general PGY1)**

**190821 (general PGY1 with mental health interprofessional experience)**

## **PGY-2 - Psychiatric Pharmacy**

### **Purpose Statement**

PGY-2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY-1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY-2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY-2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification.

### **Program Overview**

The MVAHCS is dedicated to providing comprehensive psychiatric care. Services span a variety of settings, including a locked inpatient psychiatric unit, partial hospitalization, intensive outpatient programming, intensive case management services, programming for people experiencing homelessness, and general outpatient services (locally and across all of the community-based outpatient clinics). Additionally, outpatient specialty teams exist for Serious Mental Illness, Substance Use Disorders, Geriatric Psychiatry, Post-Traumatic Stress Disorder (PTSD), Mood Disorders, and Gender Dysmorphic Disorder. All teams are interprofessional and include disciplines of nursing, pharmacy, psychiatry, psychology, and social work; certain teams also have members from vocational rehabilitation, occupational therapy, recreational therapy, and peer support.

All mental health clinical pharmacy specialists at MVAHCS are well integrated into their teams as well as the pharmacy and mental health departments. Thus, throughout the entire residency program pharmacy residents are given opportunities to develop skills in interprofessional development, practice leadership, medication therapy optimization, and education.

**ASHP Code: 63025**

**NMS Code: 690666**

### Rotation Experiences

Required Rotations	Rotation Duration
<b>Chief Resident</b>	Longitudinal: 12 months
<b>Project Management</b>	Longitudinal: 12 months
<b>Professional Services</b>	Longitudinal: 12 months
<b>Leadership, Quality, and Management - Psychiatric Pharmacy</b>	3 – 1-week blocks throughout the residency year
<b>Orientation</b>	6 weeks
<b>Serious Mental Illness – 1, 2, 3, &amp;4</b>	Blocks 1 – 5 weeks rotation + 7 weeks longitudinal (Thursdays) Blocks 2 & 3 – 12 weeks each longitudinal (Thursdays) Blocks 4 – 2 weeks rotation + 10 weeks longitudinal (Thursdays)
<b>Addiction Recovery Services</b>	5 weeks
<b>Inpatient Psychiatry</b>	6 weeks
<b>Telehealth Psychiatry</b>	4 weeks
<b>Geriatric Psychiatry</b>	5 weeks
<b>PTSD</b>	4 weeks

Elective Rotations*	Rotation Duration
<b>Academia</b>	Longitudinal: 5 months (Mondays)
<b>Academic Detailing</b>	4 weeks
<b>Pain Management</b>	4 weeks
<b>Inpatient Psychiatric Consult-Liaison</b>	4 weeks

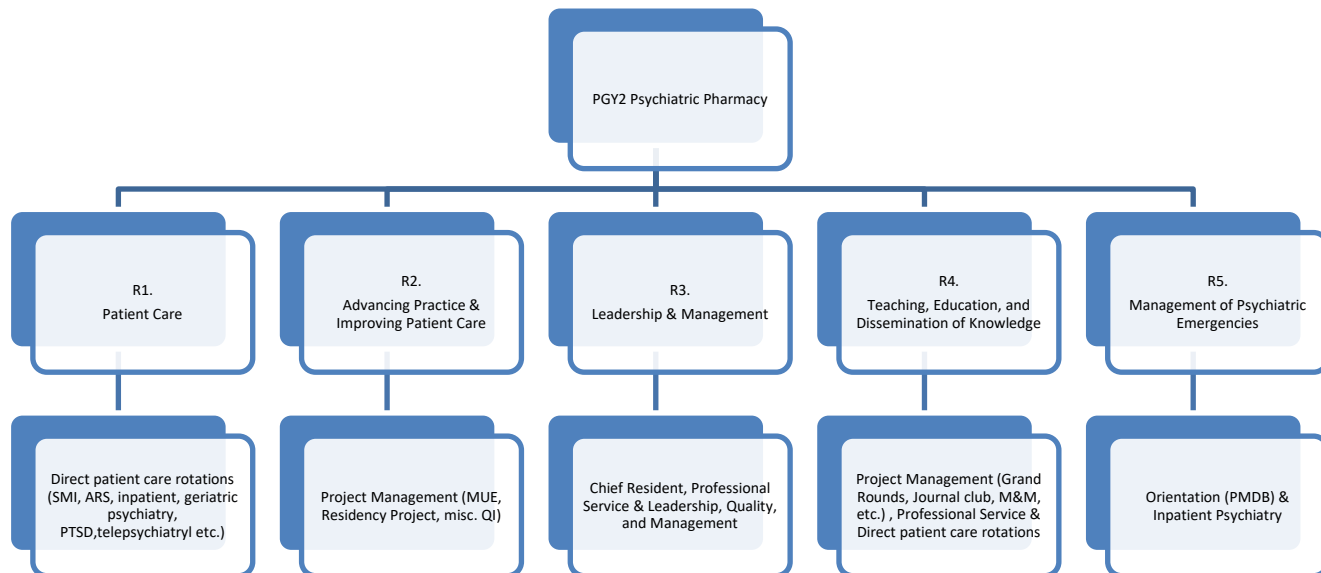
The typical sequence of *required* rotations is from top to bottom in the above table. *Elective* rotations begin after the PTSD rotation. There is no prescribed order that electives must be completed in.

\*Additional elective opportunities can be created depending on the resident's areas of interest.



## Program Structure

Overview of ASHP required competency areas and rotation assignment:



*MUE: Medication Use Evaluation; M&M: Morbidity & Mortality; PMDB: Prevention & Management of Disruptive Behaviors; QI: Quality Improvement*

## Benefits/Stipend

The PGY-2 annual stipend is \$48,617. The resident may elect to work additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free onsite parking; the medical center is located on the Hiawatha light rail line.

## PGY-2 – Geriatric Pharmacy

### Purpose Statement

The purpose of the PGY2 Geriatric Pharmacy Residency program at the Minneapolis VA residency program is to build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency program to contribute to the development of clinical pharmacists in geriatric clinical pharmacy practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification.

### Program Overview

Our program offers experiences across a variety of care settings so graduates of the MVAHCS geriatric residency program will be highly qualified independent practitioners able to excel at providing geriatric services in diverse settings.

**ASHP Code: 63043**

**NMS Code: 786254**

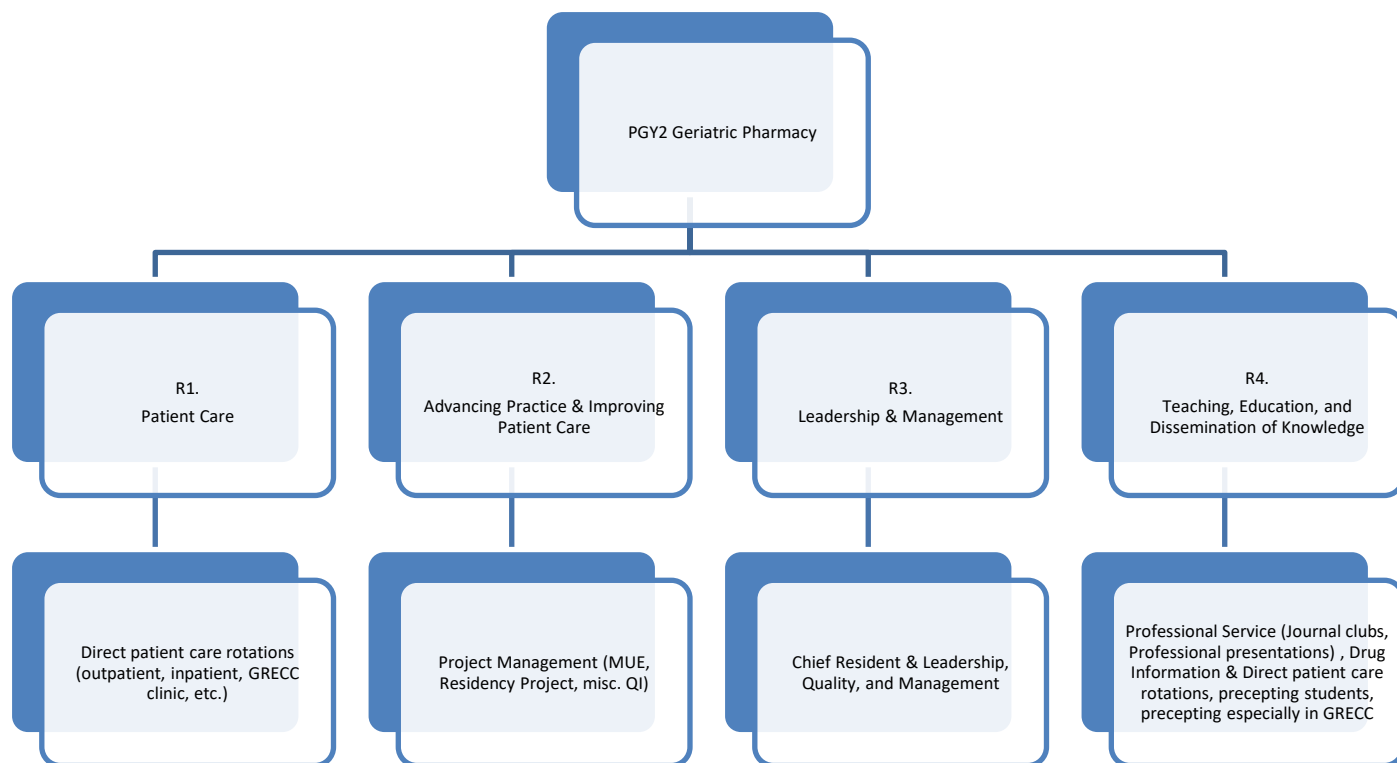
### Rotation Experiences

Required Rotations	Rotation Duration
Chief Resident	Longitudinal: 12 months
Project Management	Longitudinal: 12 months
Leadership, Quality, and Management	Longitudinal: 3 – 1-week blocks throughout the residency year
Professional Services	Longitudinal: 12 months
Longitudinal Patient Care and Staffing	Longitudinal: Once per week throughout the residency year (Thursdays)
Geriatric Research Education and Clinical Center (GRECC)	Longitudinal: 12 months
Orientation	2 weeks
Community Living Center (CLC)	6 weeks
Home-Based Primary Care	6 weeks
Geriatric Psychiatry	5 weeks

Elective Rotations*	Rotation Duration
Neurology	4 weeks
Outpatient Ambulatory Specialty Care	4 weeks
Pain Management	4 weeks
Deprescribing	4 weeks
Palliative Care	4 weeks
Spinal Cord Injury/Disorders	4 weeks

## Program Structure

Overview of ASHP required competency areas and rotation assignment:



*MUE: Medication Use Evaluation; M&M: Morbidity & Mortality; GRECC: Geriatrics Research & Education Clinical Center*

## Benefits/Stipend

The PGY-2 annual stipend is \$48,617. The resident may be able to pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free onsite parking; the medical center is located on the Hiawatha light rail line.



U.S. Department  
of Veterans Affairs

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY2  
Geriatric Pharmacy  
Overview Continued**

**Geriatric Research Education and Clinical Center GRECC**

The GRECC center is a multidisciplinary team that provides dementia care to older veterans. The Minneapolis GRECC center also focuses on geriatric research. The mission of the GRECC program is to improve the delivery of health care to elderly veterans through a multidisciplinary program emphasizing disorders of the aging nervous system.

The PGY-2 Geriatric pharmacy resident is actively involved in the GRECC team in a dementia clinic. This is a half day clinic every Thursday for patients that have been referred by primary care. GRECC uses a multidisciplinary team method. New patients are seen by a pharmacist and physician. Veterans can also be referred to occupational therapy and/or social work for additional evaluation in regards to the veterans cognitive impairment. Pharmacy residents work with Veterans to determine safety, efficacy, appropriateness, and complexity of medication regimens. They work with providers and family to identify and resolve problems that arise during the visit. The pharmacy resident often interacts with other trainees including neurology and geropsychiatry fellows, medical residents and occupational therapy students while precepting first year pharmacy residents and pharmacy students. The GRECC and geropsychiatry participate in a weekly geriatrics journal club, where the residents have the opportunity to learn and interact with psychiatrists, neurologists, and other medical residents. The PGY-2 Pharmacy resident is asked to evaluate and present two articles at the geriatric Journal club during the year.

## **PGY-2 – Pain Management & Palliative Care Pharmacy**

### **Purpose Statement**

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and postgraduate year one (PGY1) pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

### **Program Overview**

The PGY-2 pain management and palliative care pharmacy residency program produces a pharmacy specialist who functions as a practice leader and focuses on patient centered care through interprofessional team development, education, and medication therapy optimization. Although experiences are offered across a variety of care settings, graduates of the program will be primed for practice leadership to serve as experts in medication prescribing in the areas of pain management, palliative care, and opioid addiction recovery.

**ASHP Code: 63055**

**NMS Code: 795473**

### **Rotation Experiences**

<b>Required Rotations</b>	<b>Rotation Duration</b>
<b>Chief Resident</b>	Longitudinal: 12 months
<b>Research and Project Management</b>	Longitudinal: 12 months
<b>Leadership, Quality, and Management</b>	Longitudinal: 12 months
<b>Professional Services</b>	Longitudinal: 12 months
<b>Primary Care Pain/Opioid Safety</b>	Longitudinal: 12 months
<b>Palliative Care PLUS/HBPC</b>	Longitudinal: 12 months
<b>Orientation</b>	4 weeks
<b>Comprehensive Pain Center</b>	20 weeks
<b>Palliative Care/Hospice</b>	8 weeks
<b>Inpatient Pain Management</b>	4 weeks
<b>Addiction Recovery Services/MAT</b>	4 weeks

<b>Elective Rotations*</b>	<b>Rotation Duration</b>
<b>Academic Detailing</b>	Longitudinal
<b>Outpatient Mental Health</b>	3 weeks
<b>Inpatient Mental Health</b>	3 weeks
<b>Pain Management Long-Term Care CLC</b>	3 weeks
<b>Spinal Cord Injury</b>	3 weeks
<b>Inpatient Acute Rehab</b>	3 weeks





U.S. Department  
of Veterans Affairs

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY2  
Pain & Palliative Care  
Pharmacy Overview  
Continued**

### **Benefits/Stipend**

The PGY-2 annual stipend is \$48,617. The resident may pick up additional (non-residency) hours at a staff pharmacist wage to supplement the stipend. Residents are eligible for health and life insurance, vacation, and sick leave. There is free onsite parking; the medical center is located on the Hiawatha light rail line.

### **Pain Management and Palliative Care**

The MVAHCS is dedicated to providing comprehensive pain management in both outpatient and inpatient care settings. In addition, the MVAHCS has prioritized the provision of high-quality care in the areas of palliative care, opioid safety, and addiction recovery. The resident will gain expertise in these areas which are often closely aligned with primary care and mental health services. The MVAHCS is also highly recognized as a leader in pain research and trainees will have the opportunity to participate in ongoing research projects. Upon completion of the program, the trainee will be a practice leader capable of implementing clinical pain management concepts, identifying factors that contribute to pain outcomes, and manage clinical comorbidities associated with pain.

### **The Comprehensive Pain Center (CPC)**

The Comprehensive Pain Center located within the Minneapolis VA Medical Center consists of interdisciplinary staff with specialized training in pain management who are committed to a multimodal treatment approach of acute, chronic, and malignant pain. The Comprehensive Pain Center also supports interventional pain procedures and a four-week CARF accredited residential Chronic Pain Rehab Program. Projects will require trainees to manage project scope, optimize interprofessional collaboration, and facilitate organizational change. Pain Center team members are located in the same clinic area and readily have access to one another. As a member of this team, the pharmacy resident will manage a patient panel, staff the inpatient pain consult team, and join the CARA high-risk opioid review team.

# Minneapolis Veterans Affairs Health Care System Minneapolis, MN Pharmacy PGY1/PGY2 Preceptors & Program Directors Expectations and Responsibilities



There are several ways to get around the Twin Cities. Transit options including the Light Rail tram, Bus, Nice Ride bicycle, and Lime electric scooters. Of course walking, running, taxi, and private vehicle are still options as well.



**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Preceptor Appointment  
Process Guidance**

## **PRECEPTOR APPOINTMENT PROCESS**

The preceptor development subcommittee of the residency advisory committee is responsible for developing criteria for the appointment and reappointment of pharmacy preceptors in accordance with the Standard.

- Pharmacists wishing to serve as a resident preceptor must submit a completed Pharmacy Residency Preceptor Application.
- The preceptor development subcommittee and residency program directors (RPDs) will evaluate and designate the applicant as a preceptor or preceptor-in-training based on the applicants' qualifications.
- Preceptors seeking reappointment must submit an updated preceptor application by the following deadline:
  - November 1<sup>st</sup> of even numbered years for those with last names beginning with A-L
  - November 1<sup>st</sup> of odd numbered years for those with last names beginning with M-Z

A preceptor database will be maintained by the preceptor development subcommittee and RPDs.

## **INITIAL APPOINTMENT OF PRECEPTORS (2 YEAR TERM)**

Pharmacists may be appointed as preceptors if they meet all of the following:

1. **Pharmacist completes a preceptor application upon expressing an interest in precepting residents or upon assignment to precept a learning experience.**
2. **Pharmacist meets all criteria for reappointment of preceptors below.**

## **CRITERIA FOR REAPPOINTMENT OF PRECEPTORS (2 YEAR TERMS)**

Pharmacists may be reappointed as preceptors if they meet all of the following:

1. **Pharmacist meets Preceptor's Eligibility per ASHP Accreditation Standards (Section 4.6) by having a license to practice pharmacy plus:**

### **For PGY1 Program Preceptors:**

- a. Has completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- b. Has completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- c. Without completion of an ASHP-accredited residency, has three or more years of pharmacy practice experience.

### **For PGY2 Program Preceptors:**

- a. Has completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or
- b. Without completion of an ASHP-accredited PGY2 residency, has three or more years of practice in the advanced area



**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Preceptor Appointment  
Process Guidance Cont.**

**2. Pharmacist meets Preceptor's Qualifications per ASHP Accreditation Standards (Section 4.8)**

<b>Preceptors demonstrate the ability to precept residents' learning experiences by demonstrating qualifying characteristics in all of the following areas:</b>	
4.8.a. Demonstrating the ability to precept residents' learning experiences by use of clinical teaching roles at the level required by residents	Review of resident evaluations of preceptor demonstrate >90% of ratings as <i>Frequently</i> or <i>Always</i>
4.8.b. The ability to assess residents' performance	Review of resident evaluations of preceptor demonstrate >90% of ratings as <i>Frequently</i> or <i>Always</i>
4.8.c. Recognition in the area of pharmacy practice for which they serve as preceptors	Meets criteria on Section 1 of ASHP Academic and Professional Record
4.8.d. An established, active practice in the area for which they serve as preceptor	Meets criteria on Section 2 of ASHP Academic and Professional Record
4.8.e. Maintenance of continuity of practice during the time of residents' learning experiences	<u>For longitudinal rotations:</u> Review of resident schedule demonstrates consistent availability of the preceptor to the learning experience <u>For non-longitudinal rotations:</u> Review of resident schedule demonstrates preceptor is directly available for $\geq 50\%$ of the learning experience
4.8.f. Ongoing professionalism, including a personal commitment to advancing the profession	Meets criteria on Section 3 of ASHP Academic and Professional Record

**3. Pharmacist submits a preceptor application (completed every 2 years) which includes all of the following:**

- a. An updated Preceptor Interests, Needs, and Skills Self-Assessment
- b. An updated ASHP Academic and Professional Record
- c. Certification they have reviewed the Minneapolis VA Residency Program Preceptor Expectations document
- d. Certification they have attended 4 hours of preceptor or leadership-related presentations within the last 2 years. A maximum of 2 hours of Leadercast presentations may be applied toward the total 4-hour requirement.

**4. Pharmacist has developed/updated an acceptable learning experience.**

- a. Residency program directors will review schedule, learning experience(s), and feedback from resident evaluations for each preceptor during the reappointment term and provide a recommendation for reappointment to the Preceptor Development Subcommittee.





## **EXPERIENCED PRECEPTOR THAT DOES NOT MEET CRITERIA**

An experienced residency preceptor has precepted a minimum of three years or three learning experiences, whichever occurs sooner. If an experienced preceptor submitting a preceptor application does not meet the criteria for initial appointment or reappointment above, they will be designated an experienced preceptor that does not meet criteria. An experienced preceptor that does not meet criteria must complete the following within two years to advance to full preceptor status:

- 1. Pharmacist is assigned a mentor who is a qualified preceptor.**
- 2. Pharmacist has a documented preceptor development plan initiated, which outlines how the experienced preceptor will meet the qualifications for becoming a full preceptor within 2 years.**
  - a. Mentor will provide and document feedback to the experienced preceptor at 12 months (if criteria are not yet met).
- 3. Pharmacist fulfills all elements in the initial appointment/reappointment of preceptors above via submission of an updated preceptor application.**

If the experienced preceptor progresses to full preceptor status in the middle of their two year cycle, the next preceptor application review will be deferred until the next cycle (ex: Last name A – L meets criteria in 2021 → next preceptor application review will be completed in 2024 instead of 2022).

## **PRECEPTORS-IN-TRAINING**

If a pharmacist submitting a preceptor application does not meet the criteria for initial appointment or reappointment above and has less than three years or three learning experiences of residency precepting experience, they will be designated a preceptor-in-training. Preceptors-in-training must complete the following within two years in order to advance to full preceptor status:

- 1. Pharmacist is assigned a mentor who is a qualified preceptor.**
- 2. Pharmacist has a documented preceptor development plan initiated, which outlines how the preceptor-in-training will meet the qualifications for becoming a residency preceptor within 2 years.**
  - a. Mentor will provide and document feedback to the preceptor-in-training at least every 6 months.
- 3. Pharmacist submits a Preceptor-in-Training Checklist, which certifies completion of the following:**
  - a. Review of PharmAcademic Training Presentation
  - b. Review of ASHP Accreditation Standard Guidance Document for PGY1 and/or PGY2 Residency Programs
  - c. Review of Residency Evaluation Guide for Preceptors document
  - d. Review of Bloom's Taxonomy for Preceptors document
- 4. Mentor and residency program director deem successful completion of at least one summative evaluation of resident performance.**
- 5. Pharmacist fulfills all elements in the initial appointment/reappointment of preceptors above via submission of an updated preceptor application.**

Preceptors-in-training must advance to full preceptor status within two years. The preceptor development subcommittee and residency program director(s) will proactively work with preceptors-in-training and their assigned mentors to ensure appropriate progress is made via the following actions:

<b>Timeline</b>	<b>Action</b>
6 months and 18 months	<ul style="list-style-type: none"> <li>• Preceptor development subcommittee will contact preceptors-in-training and mentors to review progress and assist with identifying opportunities to meet criteria as needed. Subcommittee will invite the RPD and/or send a summary of meeting to RPD, including any updates or concerns identified.</li> </ul>
Anytime	<ul style="list-style-type: none"> <li>• RPD may contact preceptor-in-training and/or mentor to discuss progress and strategize future steps.</li> <li>• RPD may contact supervisor for the preceptor-in-training as needed to assist with identifying opportunities to meet criteria (projects, committees, presentations, etc.) or communicate any concerns.</li> <li>• RPD may develop an individual-based plan in addition to other requirements to facilitate progression to full preceptor status.</li> </ul>

If the preceptor-in-training fails to progress to full preceptor status within two years despite the steps taken above, further action will be taken at the discretion of the program RPD.

If the preceptor-in-training progresses to full preceptor status in the middle of their two year cycle, the next preceptor application review will be deferred until the next cycle (ex: Last name A – L meets criteria in 2021 → next preceptor application review will be completed in 2024 instead of 2022).

## **NON-PHARMACIST PRECEPTORS**

When non-pharmacists (i.e. physicians, physician assistants, certified nurse practitioners) are utilized as preceptors, the learning experience must be scheduled after the RPD, in consultation with preceptors, agrees that residents are ready for independent practice. A pharmacist preceptor must work closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Non-pharmacist preceptors do not need to meet the preceptor requirements and do not need to complete the Academic and Professional Record Form. Non-pharmacist preceptors do have to participate in the evaluation process.

## **Summary of Expectations for Pharmacy Residency Program Preceptors**

The following are expected roles and responsibilities of preceptors for all Minneapolis VA Pharmacy PGY1 and PGY2 Residency Programs. Preceptors must agree to uphold these expectations to retain appointment with a pharmacy residency program.

### **1. Preceptors contribute to the success of residents and the program by:**

- a. Attending resident presentations as time allows and providing meaningful feedback
- b. Attending quarterly resident developmental meetings upon invite. If unable to attend, preceptor provides comments via email to the residency program director.
- c. Providing timely, informal verbal feedback to enhance the learning and performance of the resident
  - i. Documentation of 1-2 verbal feedback sessions per rotation in PharmAcademic is recommended.
- d. Providing comprehensive formal feedback via midpoint and/or summative (final) evaluations as assigned
  - i. Preceptor meets with resident to discuss summative evaluation at the conclusion of the rotation, prior to signature.
  - ii. Summative evaluations must demonstrate criteria-based, actionable evaluation of the resident's progress, follow the guidelines presented in the Residency Evaluation Guide for Preceptors document, and include any feedback collected from secondary preceptors.
  - iii. Summative evaluations must be completed within a timely fashion and submitted no later than 7 days past the PharmAcademic due date.
  - iv. The preceptor, resident, and residency program director must sign all evaluations.

### **2. Preceptors create and maintain learning experiences in accordance with the ASHP Standard, which includes:**

- a. Prospective communication with medical residents, attending physicians, and/or other health team members in service areas of resident rotation
- b. Orientation to learning experience including objectives, activity schedule, responsibilities, and resident expectations
- c. Orientation to the patient care areas and workspace
- d. Introduction to the medical team (as applicable)
- e. Provision of appropriate activities to meet goals of learning experience
- f. Regular interaction with resident during rotation
- g. Maintenance of continuity of practice during the time of residents' learning experience. Appropriate information is communicated to secondary preceptors if primary preceptor is absent from rotation.
- h. Equal divide of primary preceptor responsibilities among a team or shared work area. Co-preceptors should contact RPD and/or their supervisor if attempts to share preceptor duties are unsuccessful.

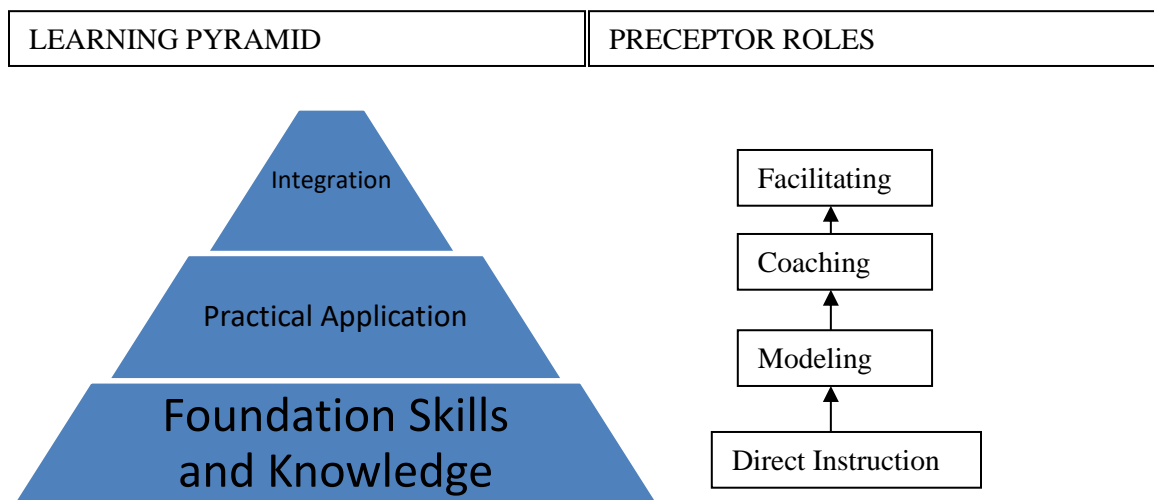
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Preceptor Expectations  
Guidance Continued**

- 3. Preceptors actively participate in the residency program's continuous quality improvement processes by:**
  - a. Seeking frequent feedback from residents regarding the learning experience and the residency program as a whole
  - b. Continually developing and modifying the learning experience as necessary to meet the individual resident goals and needs
  - c. Providing suggestions for improvement of the residency program via RAC meetings or via communication with the residency program director
- 4. Preceptors demonstrate practice expertise, preceptor skills, and strive to continuously improve by:**
  - a. Maintaining an established, active practice in the area for which they serve as preceptor
  - b. Serving as a role model for pharmacy practice and acting as a resource for the resident
  - c. Utilizing the four preceptor roles (instructing, modeling, coaching, facilitating) at the level required by resident
- 5. Preceptors adhere to residency program and department policies pertaining to residents and services by:**
  - a. Reporting unsatisfactory performance or behavioral issues to Residency Program Director immediately
  - b. Referring to the following policies from the Pharmacy Service Policy and Procedure Manual if any questions arise regarding these topics
    - M- Postgraduate Pharmacy Residency Professional, Family, Sick, and  
18b Extended Absence and Leave
    - M- Discipline and/or Dismissal of a Pharmacy Resident from the  
21a Pharmacy Residency Program at the Minneapolis VA Health Care  
System
- 6. Preceptors demonstrate commitment to advancing the residency program and pharmacy services by:**
  - a. Attending and participating in RAC meetings as time allows
  - b. Seeking involvement in department or facility-wide committees and quality improvement projects
  - c. Serving as a mentor for longitudinal projects, drug information questions, and presentations as requested by the resident or residency program



## **PRECEPTORS ROLE IN FACILITATING LEARNING**

It is the duty of the preceptor to teach residents how to become independent, responsible health care professionals. How a preceptor undergoes this task and the methods used to teach will vary depending on the skill level and knowledge of the resident. The following diagram shows an example of how learning develops and how the role of a preceptor may change.



The above model is important to keep in mind as a preceptor. Ideally, residents will already possess the foundation skills and knowledge needed to become an independent practitioner from pharmacy school. The main goal of the program is to move them up the pyramid to the integration level. The different roles and how they fit in to the Learning Pyramid are described below.

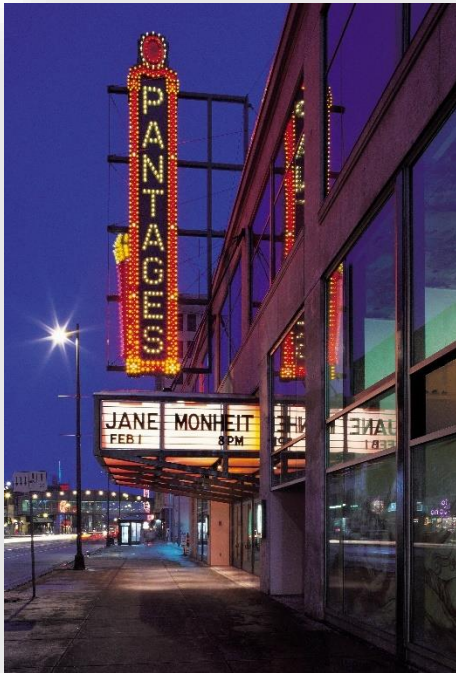
1. **Direct Instruction** refers to specifically teaching a concept or process. An example of this preceptor role is a topic discussion regarding a disease state. This role is useful for making sure that a resident has the basic skills and knowledge needed to operate as a pharmacist.
2. **Modeling** refers to acting as an example for the learner to observe. The preceptor is showing the resident what to do by having the resident watch. This role is the first step for moving a resident from foundation skills and knowledge to practical application. One example is having a resident watch the preceptor counsel a patient.
3. **Coaching** refers to assisting and guiding the resident as he/she undertakes a task independently. The resident is well into the practical application stage and is working on integrating the knowledge, skills and experience together. A good example of coaching occurs when the resident conducts a patient interview while the preceptor watches and gives feedback.
4. **Facilitating** refers to serving as a resource for the resident when the need arises. This role equates to the integration stage and the resident is acting very independently. The preceptor has limited involvement in the resident's activities and provides guidance as needed. An example of facilitating is allowing the resident to see patients in clinic while the preceptor is available in the next room.

## **Residency Program Director [RPD] Responsibilities**

The RPD will meet all of the responsibilities of a preceptor. The RPD is responsible to the Pharmacy Associate Chief of Education and Quality Improvement. In addition, the RPD will:

- Work with pharmacy leadership and preceptor sub-committee to assess pharmacists in their role or potential role as a preceptor. This will include resident feedback.
- Work with pharmacy leadership to provide for the administrative, budgetary, environmental, legal, and human resource needs of the residency program.
- Coordinate and perform activities to ensure compliance with the ASHP Accreditation Standard for Pharmacy Residency Programs.
- Evaluate residency applicant qualifications through established formal procedures that includes assessment of the applicant's ability to achieve the educational goals and objectives of the program. The RPD has ultimate responsibility to assess the applicant's baseline knowledge, skills, attitudes, and abilities to determine that the applicant meets the qualifications for admission to the residency program.
- Work with pharmacy leadership and human resources to provide residents who are accepted into the program with a letter outlining their acceptance into the program in a manner consistent with that provided to pharmacists hired within the organization.
- Award a certificate of residency to those pharmacists who satisfactorily complete the program requirements in accordance with the ASHP Accreditation Standard for PGY1/PGY2 Pharmacy Residency Programs.
- Work with the resident to assess baseline knowledge, skills and interests and to customize the training program.
- Work with the resident, preceptors and leadership to schedule and coordinate rotations.
- Work with preceptors and leadership to track the resident's progress toward achievement of the educational goals and objectives of the program, conduct quarterly assessments and make any necessary adjustments to the customized resident plan [including documentation and implementation].
- Work with leadership and the preceptor sub-committee to evaluate preceptors/potential preceptors based on the criteria for preceptors and their desire to teach and their aptitude for teaching that includes mastery of the four preceptor roles involved in teaching clinical problem solving (direct instruction, modeling, coaching and facilitating)
- Work with preceptors, preceptor sub-committee, and leadership to devise and implement a plan for assessing and improving the quality of preceptor instructor and overall quality of the residency program.
- Meet ASHP requirements for preceptors and program director.

# Minneapolis Veterans Affairs Health Care System Minneapolis, MN Pharmacy PGY1/PGY2 Resident Requirements and Guidance/Policies



The Twin Cities are rich in theater with over 50 theaters (I lost count!). This includes Guthrie, Orpheum, Pantages, Chanhassen Dinner Theater, Old Log Theater, The Moving Company, Brave New Workshop, and many more.

## **FUNCTIONAL STATEMENT**

### **Introduction**

The mission of the Postgraduate Year One (PGY1) Pharmacy Residency is to enable the doctor of pharmacy graduate to develop into to a fully competent clinical pharmacist, who is patient-centered, strategic, and forward thinking. Program advocates excellence in pharmaceutical care delivery based on evidence-based medicine, efficiency, research, compassion and communication. Program focus is on the practice of clinical pharmacy practice, medication information, and management. We provide limited distributive experience due to use of automation.

The mission of the Pharmacy Service is to provide optimal veteran-centered medication therapy management as part of the health care team. Towards this, the pharmacist's attitudes, behaviors, commitments, concern, ethics, functions, knowledge, responsibilities, and skills must be focused on influencing the drug use process and managing the rational and appropriate use of drugs to achieve optimal therapeutic outcomes.

### **1. General description of the pharmacy resident**

The incumbent is responsible for learning pharmaceutical care under the supervision of an assigned preceptor. He/she may also provide direct/indirect pharmaceutical care to patients in his or her training. He/she interacts with physicians, nurses, and other health care professionals to aid in the design, implementation, and appropriate follow up of veterans' medication regimen. Incumbent assists in developing staff and patient programs to promote optimal drug therapy. Incumbent is required for participate in weekend rotations as a part of training which will consist of comprehensive care services (i.e. distribution, drug interviews on admit, medication reconciliation, kinetics, anticoagulation, and discharge counseling).

The goals of the residency are to cultivate pharmaceutical care as the axiom of pharmacy practice, and to foster the resident's mastery of pharmacy practice. The residency is planned so that throughout the training period and upon completion of the residency requirements the pharmacy resident will be able to:

1. Develop strategic relationships with patients, providers, pharmacist colleagues, management, and other stakeholders in order to assure the delivery of high quality pharmaceutical and be able to monitor outcomes.
2. Employ evidence-based medicine in clinical decision making and formulary selection.
3. Analyze and disseminate drug information to patients and health care professionals.



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Functional Statement Cont.**

4. Provide clinical therapeutics training for the pharmacy, medical, nursing, and other health care providers and their respective students, interns, and residents.
5. Serve as a clinician role model and instructor for pharmacy students and other pharmacists.
6. Assess the need for, plan, implement, and document pharmaceutical care activities in a variety of health care settings.
7. Integrate theoretical, clinical, administrative and management aspects of pharmacy practice.
8. Investigate therapeutic and administrative problems in a systematic way and apply and disseminate the knowledge gained from the project(s) to support and advance practice.
9. Able to design, conduct research, and prepare publish findings for peer reviewed journals; additionally, resident will be able to deliver high-quality presentations before audience with varying educational backgrounds and professions.

In order to attain these goals a wide variety of experiences and tasks will be completed. Pharmacy Resident's specific performance, conduct and appraisals will be in accordance with the Resident's Manual for the Pharmacy Residency at the MVACHS. The following functions, however, give an overview of the tasks to be performed and evaluated.

## **2. Qualifications:**

Doctor of Pharmacy degree from an ACPE accredited pharmacy school and an unrestricted license to practice pharmacy in a state of the United States of America is required within 90 days of appointment.

## **3. Reporting:**

The incumbent reports directly to the Residency Program Director (RPD). Resident will support the mission of the RPD, the Pharmacy Services and the MVAHCS.

## **4. Specific Functions**

### **i. Patient care functions**

Under supervision of pharmacist preceptors the Pharmacy Resident will:

- 1) Participate in pharmacy care of patients, including but not limited to:
  - a. Therapeutic drug monitoring and appropriate patient-specific dosing, including renal and hepatic dose adjustments and pharmacokinetic dosing.
  - b. Promoting, ensuring and documenting outcomes





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Functional Statement Cont.**

- c. Patient history and physical exam, with a focus on medication history taking and identification of actual and potential problems.
  - d. Patient and caregiver education and regimen adherence
  - e. Adverse drug reactions
  - f. Drug interactions
- 2) Ascertain and assess the medication and drug use history of patients and document pertinent findings in the patient's medical record. This history shall include all elements pertinent to medication use, including but not limited to:
  - a. Current prescription medications
  - b. Pertinent past medications
  - c. Over-the-counter medication use, including dietary supplements
  - d. Allergies and adverse drug reactions
  - e. Vaccinations
  - f. Recreational substances
  - g. Patient knowledge base, compliance, therapeutic concerns.
- 3) Provide written and/or oral consultation with prescribers and other health-care professionals regarding pharmacotherapeutics.
- 4) Participate in formulating and documenting therapeutic plans for patients which include patient specific goals and endpoints.
- 5) Participate in the discharge planning process to insure that the patient's pharmaceutical needs are met.
- 6) Provide and document patient education and counseling regarding drug therapy and drug related disease prevention.
- 7) Provide accurate and comprehensive drug information including patient-specific pharmacotherapy information to other patient care providers and document pertinent findings in the medical record or other permanent record as appropriate.
- 8) Monitor, detect, and manage, document and report adverse drug experiences.
- 9) Control medication administration in assigned patient care areas by preventing, detecting, documenting and reporting medication dispensing and administration problems or concerns.



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Functional Statement Cont.**

**ii. Medication dispensing and distribution**

The Pharmacy Resident will:

- 1) Assure that medication orders or other data entered into the patient record or profile are accurate and complete.
- 2) Assure that prescriptions and medication orders are filled and dispensed properly and accurately.
- 3) Supervise and direct the work completed by pharmacy technicians and other supportive personnel.
- 4) Ensure that medication orders represent a reasonable standard of therapy.
- 5) Verify that the patient has knowledge and understanding of their drug therapy regimen upon discharge from the hospital or clinic.
- 6) Provide designated hours a week of staffing in the Outpatient or Inpatient Pharmacy Departments.

**iii. Educational functions**

Pharmacy Resident will:

- 1) Contribute to conferences, team rounds, and other educational conferences/ functions for house staff, physician and nursing staff in their assigned patient care area.
- 2) Contribute regularly to Pharmacy Service continuing professional educational programs. This may include lectures, case conferences, therapeutic discussions, Journal Club, etc.
- 3) Assist preceptors to train pharmacy students on clinical practice rotations in their patient care areas.
- 4) Prepare a quarterly newsletter for distribution to the MVAHCS staff.
- 5) Provide drug information services to the MVAHCS staff through a formal write up to requester and pharmacy staff. Documentation of drug information questions and responses will be maintained in MVAHCS Pharmacy's Drug Information Database.

**iv. Program management functions (Administrative)**

Pharmacy Resident will:

- 1) Provide service to the institution's committees where input concerning drug use and drug policy development is needed. The committee included:
  - a. Pharmacy & Therapeutic Committee



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Functional Statement Cont.**

- 2) Participate in quality assurance monitoring of Clinical Pharmacy Section activities.
- 3) Synthesize local criteria for use for a specific agent or prepare a pharmacoeconomic proposal for P and T presentation and approval.
- 4) Update MVAHCS Pharmacy's Drug Information Rolodex based on national and local PBM updates on certain medications.

**v. Research/Systematic Investigation**

Investigate therapeutic and administrative problems in a systematic way and apply and disseminate the knowledge gained from the project(s) undertaken in this manner.

## **Program Improvement**

Evaluation of the program is necessary to maintain and enhance the quality of the residents' experience. Ongoing program improvement will support preceptors and help them enhance the experience of the resident.

The program will be reviewed with input from residents and preceptors:

At least annually

- A forum for discussion of the residency program which involves preceptors will be conducted annually. This may be done through participation in a residency committee meeting or other forum as the RPD, preceptors and residents feel meet the need. Input from the residents will be solicited prior to this meeting and considered during the meeting.
- Exit interviews and surveys with residents will be performed annually and used in program and preceptor review.
- Data from the national VA Learner's Perception Survey will be reviewed and discussed to educate preceptors about trends in these results.

On an ongoing basis

- The RPD will have an open door policy to receive input on the residency program.
- Program review is conducted on an ongoing basis as part of the residency committee meeting.
- Review will also occur through routine meetings of the RPD with residents.

The RPD will participate in local, state, national, and/or VA meetings/conference calls, etc. to learn about new opportunities for improvements.

The RPD will make and entertain suggestions and discuss them with the Residency Advisory Committee to get consensus.

Annual program review will also be performed using input described above. Program changes will be made as appropriate.

- Current residents will not be adversely effected by any changes made after they have entered the program.
- The RPD will update all concerned regarding any changes to the program.
- The RPD or sub-committee will update the Residency Manual, Policies and Procedures as needed.

## **PGY1/PGY2 Residency Licensure Guidance:**

- 1) The PGY1 pharmacy resident should submit appropriate documentation to the State Board of Pharmacy where they will pursue pharmacist licensure as soon as possible after learning they have matched with the MVAHCS program. The pharmacy resident will be licensed upon entry into the residency program if at all possible. If the resident is not licensed upon entry into the program, the resident is required to become licensed at the earliest possible date.
- 2) The resident must be fully licensed as a pharmacist within 90 days from the beginning of the residency.
- 3) If the resident is not licensed within 90 days from the beginning of the residency program, the following describes the outcome for the resident.
  - a. Failure to obtain a license to practice pharmacy within 90 days from the beginning of the residency program may result in immediate dismissal from the program.
    - i. If the pharmacy resident fails to obtain a license by the deadline through no fault of his/her own, individual circumstances may be considered. However, the RPD and the MVAHCS may still dismiss the pharmacy resident for failure to obtain a license by the stated deadline based on the needs of the facility and the residency program.
  - b. If the resident has taken, but not successfully passed either the NAPLEX or MPJE/CPJE exam or both, an extension may be considered. Based on the ASHP standard, residents must be licensed for a minimum of two-thirds of the residency program and no resident will be allowed to extend beyond 120 days after the start of the program without licensure.
- 4) PGY2 residents, in accordance with VA policy residents must have a license in good standing from any state in the United States at the start of the residency.

### **Once Licensed:**

- 1) The Minneapolis VA HR department will confirm licensure.
- 2) The resident will place a copy of license in his/her portfolio.
- 3) RPD will confirm copy of license was placed in portfolio.

### **Reference:**

- 1) ASHP Commission on Credentialing. Guidance Document for the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs. ASHP. Online: [PGY1- Standard-Guidance-Documents-March2019-COC-EDITS-2018-0302 \(ashp.org\)](#). Accessed May 19, 2022.
- 2) Minneapolis VA Pharmacy Service Policy and Procedure Manual Policy M-21a.



## **Assessment and Evaluation Guidance**

### **Purpose**

Ongoing assessment of residents is critical to resident growth and success. This assessment strategy defines, in writing, the roles and responsibilities of the Residency Program Director (RPD), preceptors, and residents. All residency programs at the Minneapolis VA Health Care System (MVAHCS) will utilize PharmAcademic to follow the Residency Program Design and Conduct model of evaluating resident progress during each learning experience and throughout the residency year.

### **Evaluation of Learning Experiences**

Utilizing the outcomes, goals, and objectives outlined for the learning experience, both the resident and preceptor will evaluate the resident's performance. The PharmAcademic system is the ASHP approved database used to manage evaluations. Evaluations will be completed in a timely manner, within 7 days of the due date. A four-point rating scale will be used to evaluate each learning experience.

- **Summative Evaluation:** Performed by the preceptor and resident at the end of the rotation. Preceptors should review the prior evaluations of residents who are starting their rotation to determine areas of strength and improvement.
- **Preceptor Evaluation:** Performed by the resident at the end of the rotation/experience.
- **Quarterly Evaluation:** For rotation experiences lasting longer than 3 months (longitudinal), summative and preceptor evaluations will be completed by the resident and preceptor on a quarterly basis.
- **Self-Evaluation:** To meet the required objective of applying a process of on-going self-evaluation and personal performance improvement, the resident will complete a self-evaluation at a minimum of 3x/year. The resident will discuss the self-evaluation with preceptor. This objective will be incorporated into learning experiences to ensure residents have mastered this skill.
- **Feedback Evaluations:** Performed by the preceptor and resident 'on demand' to evaluate a specific encounter or skill. Preceptors and residents are encouraged to use feedback evaluations for specific goals and objectives at any time during the rotation.
- **Reflection:** Performed by the resident 'on demand,' the MVAHCS utilizes this function to support self-reflection.
- **Development Plan:** The RPD will meet with each resident at least quarterly to review the resident's progress in meeting the outcomes, goals and objectives of the residency program. The RPD will develop and share the developmental plans for each resident with preceptors quarterly.

### **Achievement of Goals and Objectives**

#### **For the Learning Experience**

In order to receive an '**achieved**' for a specific goal within a learning experience, the majority of objectives under that goal must be evaluated with a rating of 4.

#### **For the Residency Program**

In order to receive an '**achieved for residency**' for a specific goal, the resident must receive a rating of 4 for the goal in the previous quarter. Assessment of 'achieved for residency' is conducted on a quarterly basis by the RPD with the resident.

#### **For Completion of the Residency Program**

The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the 'achieved for residency' level at the end of the residency (e.g. at least 27 of 34 objectives for PGY1 program) and no more than 3% of required objectives evaluated as a 1 or 2 rating (e.g. no more than 1 of 34 objectives for PGY1 program).

## **Goals and Objectives Rated as Needing Improvement and Remediation**

### Needs Improvement (Evaluation Rating of 1) on Formative Evaluation

Preceptors are encouraged to provide verbal feedback during the rotation in addition to written feedback in PharmAcademic. If the preceptor has provided initial verbal feedback and the resident is not meeting satisfactory progress for a specific goal or objective (defined as a rating of 1 on the evaluation scoring scale, see below), the preceptor should document written feedback, including an action plan, as soon as possible and discuss with the resident. Documentation of feedback and action plan should occur in PharmAcademic using the 'Provide Feedback to Resident' feature. Especially for longitudinal rotations in which evaluations are scheduled quarterly, waiting until the scheduled formative evaluation will result in a delay and frustration for both the resident and preceptor. Formative (mid-point) evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target 'satisfactory progress' (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

### Needs Improvement (Evaluation Rating of 1) for Any Objective on Less than Two Summative Evaluations

If a preceptor determines that a resident still needs improvement for selected goals and objectives by the end of the rotation, the preceptor will meet with the RPD prior to the end of the rotation and prior to meeting with the resident. The preceptor and RPD will determine how the objective will be addressed on future rotations and will decide if a warm hand-off is needed between the current and upcoming preceptor. Documentation of feedback and action plan will occur in PharmAcademic using the 'Provide Feedback to Resident' feature. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. The current preceptor will meet with the resident to provide the summative evaluation.

### Needs Improvement (Evaluation Rating of 1) for Same Objective on Two or more Summative Evaluations

If a resident receives rating of 1 for the same objective on two or more summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. Documentation of feedback and action plan will occur in PharmAcademic using the 'Provide Feedback to Resident' feature. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation.

### Needs Improvement (Rating of 1) on More than 3% of Required Objectives

If at each quarterly meeting, a resident has received a rating of 1 for more than 3% of required program objectives on summative evaluations, a formal remediation process will be implemented to assist the resident in addressing the areas needing improvement. The RPD will meet with the preceptors and resident to discuss the evaluations. Based on this discussion, the RPD and resident will develop and document an action plan in PharmAcademic. Example items in the action plan include goal-setting, additional assignments, timelines, and frequent follow up meetings. Documentation of feedback and action plan will occur in PharmAcademic using the "Provide Feedback to Resident" feature. The RPD will determine if any modifications are necessary to future rotations to ensure satisfactory progress. Modifications may include extending or repeating specific learning experiences and elimination of elective learning experiences to provide additional time for remediation. If the resident still receives a rating of 1 for more than 3% of required program objectives on summative evaluations after completion of a formal remediation process, or if the resident is unable to complete the remediation process, the RPD may recommend termination from the program.

### **Assessment Scale and Level of Supervision**

A chart of the assessment scale is provided at the bottom of this document.

#### **1= Functioning at the level of a **pharmacy student** (Fundamental Awareness, ‘Needs Improvement’).**

Resident may be at this level for orientation rotation and the first residency rotation, if limited previous exposure to this clinical area. This objective is a significant challenge for the resident and may interfere with progression if significant improvements are not made.

Preceptor Roles: Primarily direct instruction, teaching, and role modeling.

Graduated Level of Responsibility: During direct instruction, the preceptor is physically present in the same room while the resident is engaged with health care services.

Action: The preceptor may mark ‘needs improvement’ if the resident is functioning at a student level instead of a resident level. The preceptor should make comments on skills the resident needs to improve and look for patterns, not just one mistake. For example, errors in order verification, orders not finished in timely manner, arriving to meetings late, distractive behavior (i.e. use phone), documentation missing key information to formulate appropriate assessment and plan. The preceptor should document feedback in PharmAcademic as soon as possible and discuss with the resident. Formative (mid-point) evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target ‘satisfactory progress’ (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

#### **2= Functioning at the level of **an advanced pharmacy student** (Novice, ‘Satisfactory Progress with Minor Concerns’).**

The resident needs significant guidance from preceptor. Clinical work requires regular preceptor review/intervention. The resident should improve skills in order to appropriately handle the situation. This objective constitutes a weakness that should be improved within a few weeks or months.

Preceptor Roles: direct instruction/teaching/role modeling with some coaching.

Graduated Level of Responsibility: During direct instruction and modeling, the preceptor is physically present in the same room while the resident is engaged with health care services.

Action: The preceptor may mark satisfactory progress with minor concerns if the resident requires additional repetition of most activities however has 1-2 activities where additional learning (re-education) is required. Achievement levels for all critical elements are designated as at least fully successful. However, the achievement level(s) for one (or more) noncritical element(s) is (are) designated as less than fully successful. Preceptors should make comments on skills the resident needs to improve and look for patterns, not just one mistake. The preceptor should document feedback in PharmAcademic as soon as possible and discuss with the resident. Formative (mid-point) evaluations that include a rating of 1 must include a documented action plan in PharmAcademic that will target ‘satisfactory progress’ (rating of 3 or higher) by the end of the learning experience. The preceptor will notify the RPD regarding the evaluation and action plan. If needed, the preceptor and RPD will meet to discuss further actions.

**3= Functioning as an entry level resident (Intermediate, ‘Satisfactory Progress’)**

Further Description: The resident needs some guidance from preceptor (coaching). Clinical work requires some preceptor review/intervention. The resident demonstrates a sufficient range of skills for handling the situation and providing the desired outcome. This should be considered a satisfactory outcome.

Preceptor Roles: primarily coaching; may have initial modeling when introduced to a new clinical area or workflow

Graduated level of responsibility: During modeling, the preceptor is physically present in the same room while the resident is engaged with health care services. During coaching, the preceptor is in the same physical area and is immediately accessible to the resident. The resident and preceptor discuss, plan and review evaluation and/or treatment plans.

Action: The preceptor may mark satisfactory progress if additional repetition of the activities or more experience is required to move towards ‘achieved’ status. Recommend actionable statements here – what steps does the resident need to take or what more do they need to experience to move towards achieved. Preceptors may quantify activities and what level is expected to meet the criteria for the objective(s) – how many patients are they managing, how many care plans developed for what conditions, how many teams are they following, etc. This rating is considered satisfactory progress but will not count towards ‘achieved’ for the residency goals and objectives. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target ‘achieved’ (rating of 4) by the end of the learning experience.

**4= Functioning as an advanced resident or as a 1<sup>st</sup> year clinical pharmacist (Advanced, ‘Achieved’)**

Further Description: The resident functions with autonomy and needs minimal guidance from preceptor. Clinical work requires minimal preceptor review. The resident has skills that lead to self-directed learning. The resident demonstrates the full range of skills appropriate for handling a situation and providing an ideal outcome. The preceptor needs to give very little corrective actions, although the resident may still ask for input from preceptors.

Preceptor Roles: primarily facilitation; may require some coaching in unfamiliar situations

Graduated level of responsibility: During coaching, the preceptor is in the same physical area and is immediately accessible to the resident. The resident and preceptor discuss, plan and review evaluation and/or treatment plans. During facilitation, the preceptor’s presence is not required during provision of health care services. The preceptor is immediately available by phone or pager and able to be physically present as needed for the services provided.

Action: The preceptor may mark achieved if the resident’s work is independent, requires minimal direction, and proficient in activities assigned to the objective(s) (meets the criteria which are listed under the objective). The resident can teach the objective area. The resident does not require further repetition of assigned residency learning activities to adequately gain proficiency and/or preceptors are comfortable with them doing these activities independently. Resident seeks out assistance appropriately. The preceptor should comment on strengths as they relate to the criteria for achieving the objective, which assists the resident in confirming good practices. This rating is considered “achieved” for the residency goals and objectives. The preceptor should document feedback in PharmAcademic at regular points and discuss with the resident. Feedback and summative evaluations in PharmAcademic should include narrative comments that will target further improvement by the end of the learning experience.



U.S. Department  
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**Minneapolis Veterans Affairs  
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Pharmacy PGY1/PGY2  
Assessment & Evaluation  
Guidance Continued**

Not Applicable

The preceptor may mark as not applicable if the activity was not available/performed during the learning experience, e.g. no assigned students so unable to gain precepting experience. Ideally there should be not be any 'not applicable' ratings. If there are repeated 'not applicable' ratings for a rotation, the preceptor may be asked to update the learning experience.

See chart on the following page.





U.S. Department  
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**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Assessment & Evaluation  
Guidance Continued**

Rating		Comparison & Application of Minneapolis VA Pharmacy Residency Summative Evaluation Tool to Other Measures			
Number	Label	Relationship to Program's Purpose	1. Potential for Hire 2. VA Peer Reference 3. Suitability as Co-Worker	4 Preceptor Roles Preceptor Assessment of Resident Performance	VA Form 0750 – Performance Appraisal Program
	Achieved for Residency (ACHR)	Similar to ACH but designated by RPD with input from RAC.	Same as ACH	Same as ACH	Same as ACH
4	Achieved (ACH)	Independent and functioning at a level that would be commensurate with the resident being identified as suitable for hiring for the type of position described in the purpose statement for which the resident is associated with.	1. Yes 2. Recommend without reservation 3. Yes	Resident has a consistent history of competent performance of the tasks associated with this goal/objective.  <u>Function independently with facilitation:</u> Resident has sufficient experience to successfully complete the task without coaching and now only requires facilitation.	<u>Outstanding:</u> Achievement levels for all elements are designated as Exceptional  <u>Excellent:</u> Achievement levels for all critical elements are designated as Exceptional. Achievement levels for non-critical elements are designated as at least Full Successful. Some, but not all, non-critical elements may be designated as Exceptional.
3	Satisfactory Progress (SP)	Intermediate between SPC and ACHR. Resident demonstrating appropriate progression in knowledge, technical and behavioral aspects that would be expected to improve with additional experience within a 12 month residency training program.	1. Maybe 2. Recommend 3. Yes	<u>Experience with coaching:</u> Resident has sufficient experience to successfully complete the task with coaching.	<u>Fully Successful:</u> Achievement level for at least one critical element is designated as Full Successful. Achievement levels for other critical and noncritical elements are designated as at least Fully Successful or higher.
2	Satisfactory Progress with Minor Concerns (SPC)	Minor deficiencies identified in knowledge or behavior that would cause the program director or a preceptor to have some reservation as to whether the resident would be a suitable candidate for employment for the type of position described in the purpose statement for which the resident is associated with.	1. Maybe, but with reservation 2. Recommend 3. Maybe	<u>Coaching:</u> Resident has limited experience with task completion and requires frequent preceptor instruction, role modeling, and coaching in the application.	<u>Minimally Satisfactory:</u> Achievement levels for all critical elements are designated as at least Fully Successful. However, the achievement level(s) for one (or more) noncritical element(s) is (are) designated as Less Than Fully Successful.
1	Needs Improvement (NI)	Deficient in knowledge and/or behavioral traits raises concern that resident may not be able to function at the expected level or be competitive for employment for the type of position described in the purpose statement for which the resident is associated with.	1. No 2. Not Recommended 3. No	<u>Teaching/Role Modeling:</u> Resident has a general understanding/knowledge of rudimentary techniques and concepts required for the task.	<u>Unsatisfactory:</u> Achievement level(s) for one (or more) critical element(s) is (are) designated as Less Than Fully Successful.



U.S. Department  
of Veterans Affairs

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Requirement for Successful  
Completion**

**Requirements for Successful Completion  
PGY-1 Pharmacy Residency Program & Earn a PGY-1 Certificate**

**Background:**

Residents who achieve and complete the residency requirements will receive their Residency Certificate signed by the Residency Program Director (RPD), Chief of Pharmacy and system Director as evidence of program completion.

**Requirements:**

Residents are expected to satisfactorily complete all requirements of the MVAHCS PGY-1 Pharmacy Residency Program as listed in the Residency Core Requirements document (Appendix 1) and adhere to the ASHP Accreditation Standards. The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the 'achieved' level (rating of 4) at the end of the residency (at least 27 of 34 objectives) and no more than 3% of required objectives evaluated as a 1 or 2 rating (no more than 1 of 34 objectives), refer to the Assessment and Evaluation document located in the Resident Manual for detailed information on evaluations and the rating scale. Objectives not 'achieved' must meet the definition for Satisfactory Progress (rating of 3). The Residency Program Director (RPD) is responsible for ascertaining that all MVAHCS PGY-1 Residency graduates meet these requirements.

In the event that performance does not meet these expectations, the resident will be given ample opportunity to improve. Many objectives are measured multiple times throughout the year. The expectation is that residents will master some objectives early in the year, and make satisfactory progress in the more difficult objectives throughout the year. A key to success is the gradual achievement in reaching these objectives and continued progress in others. If objectives are difficult for a resident to achieve, required learning experience(s) may be extended or additional time or learning experiences may be set up to concentrate on achieving these objectives. The goal of the residency is to teach, not to discipline. However, if the resident does not reach the expected level of competency with all the reasonable provisions discussed, the resident will not be permitted to graduate from the residency program and a residency certificate will not be issued. If there are severe deficiencies or if no improvement occurs with feedback, the resident may be terminated prior to the end of the one year period in accordance with MVAHCS Pharmacy Policy M-18b and M-21a.

**Successful Completion of Rotation:**

If resident is not meeting objectives for successful completion, i.e. scoring 'Needs Improvement' (rating of 1) in assigned objectives following the scheduled completion of the rotation, the duration of the rotation may be extended. Alternatively, if the resident scores a rating of 1 in an objective that will be evaluated again in a later rotation, it may be decided by the RPD to develop an action plan with the resident in conjunction with the original preceptor and the future preceptor to allow for the resident to complete the objective without extending the duration of a completed rotation. Other options may include goal-setting, additional assignments, timelines, and frequent follow up meetings. Refer to the Assessment and Evaluation document located in the Resident Manual for more detailed information.

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Requirement for Successful  
Completion Cont.**

Vacation, holidays, sick leave, and other unforeseen circumstances may cause required rotation to be extended to meet the minimum attendance requirements. If the resident is in good standing, i.e. meets 'Satisfactory Progress with Minor Concerns' or higher on all rotational objectives and has missed less than 4 days of a 5-6 week rotation (1.5 days of a 2 week rotation), no extension will be needed. If an extension is required it will be no longer than the number of missed days if the residents progress is 'Satisfactory Progress with Minor Concerns' or higher. Elective rotations will be evaluated on an individual basis, but will generally follow the same guidance. Since the duration of electives is variable, use the following guidance for missed days: 4 days of a 5-6 week rotation, 3 days of a 4 week rotation, 2.5 days of a 3 week rotation, and 1.5 days of a 1-2 week rotation. For additional leave information, refer to the Resident Leave Policy located in the Resident Manual.

**Overall requirements to successfully complete residency and receive a residency certificate:**

- The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the 'achieved' level at the end of the residency (at least 27 of 34 objectives) and no more than 3% of required objectives evaluated as a 1 or 2 rating (no more than 1 of 34 objectives).
- Satisfactory completion of all learning experiences.
- Completion of assignments and projects as defined by the preceptors and RPD during learning experiences.
- Completion of all assigned evaluations in PharmAcademic. Evaluations must be completed no later than 7 days after the completion of the learning experience.
- Completion of an electronic and hardcopy Residency Portfolio.
- Compliance with all institutional and departmental policies.
- See Appendix 1 for a sample of the core requirements to complete residency.

**References:**

1. Residency Core Requirements document
2. MVAHCS Pharmacy Policy M-18b: Postgraduate Pharmacy Residency professional, family, sick, and extended absence and leave
3. MVAHCS Pharmacy Policy M-21a: Discipline and/or Dismissal of a Pharmacy Resident from the Pharmacy Residency Program at the Minneapolis VA Health Care System

## **Appendix 1 (Example of Residency Requirements):**

**Quarterly Residency Plan:** \_\_\_\_\_ **Last Updated & Reviewed:** \_\_\_\_\_

### **Core requirements:**

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
<b>REQUIREMENTS TO SUCCESSFULLY COMPLETE RESIDENCY &amp; RECEIVE RESIDENCY CERTIFICATE</b>		
<p>ASHP required competency areas, goals and objectives:</p> <ul style="list-style-type: none"> <li>The resident must successfully complete all of the required and program selected objectives with at least 80% evaluated at the 'achieved' level at the end of the residency (at least 27 of 34 objectives) and no more than 3% of required objectives evaluated as a 1 or 2 rating (no more than 1 of 34 objectives).</li> </ul>		
<p>Satisfactory completion of all rotations. If a rotation is not satisfactorily completed, appropriate remedial work must be completed as determined by the preceptors and RPD.</p>		
Completion of and presentation of a major pharmacy project to a designated group.		
Completion of assignments and projects as defined by the preceptors and RPD.		
Completion of a first draft and final manuscript suitable for submission to a biomedical journal of the major project.		
Completion of all assigned learning experience evaluations (PharmAcademic™).		
Creation and maintenance of an Electronic Residency Portfolio.		
Compliance with all institutional and departmental policies as well as expectations set forth in the MVAHCS Pharmacy Residency Program Manual.		
<p>Attendance: The residency is a full-time temporary appointment of 1 year in duration. The resident is expected to be onsite for a minimum of 40 hours per week and to perform activities related to the residency as necessary to meet the goals and objectives of the program. Additional time is expected to complete assignments and projects in a timely manner. When the resident is not onsite, the RPD and preceptor must approve the time off and procedures for leave must be followed (please refer to MVAHCS Pharmacy Policy M-18b located in the resident manual)</p>		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
SCHEDULE/ROTATIONS (EXAMPLE)		
Orientation (2 weeks):		
Outpatient Pharmacy Orientation (1 week):		
Interprofessional Experience (Longitudinal):		
Professional Services (Longitudinal):		
Project Management (Longitudinal):		
Women's Health Consultative Service (Longitudinal):		
Inpatient Care 1 (8 weeks):		
Inpatient Care 2 (5 weeks):		
Inpatient Care 3 (4 weeks):		
Ambulatory Care 1 (4-5 weeks):		
Ambulatory Care 2 (5-6 weeks):		
Advanced Rotation in either Inpatient Care or Ambulatory Care (3 weeks):		
Leadership, Quality & Management (1 week x3):		
Interprofessional Experience (4 weeks):		
Elective 1 (5 weeks):		
Elective 2 (4 weeks):		
PROJECT MANAGEMENT		
Prepare a drug class review, monograph, treatment guideline, or protocol		
Complete Medication Use Evaluation (MUE)		
Submit residency project proposal to IRB, if needed		
Submit project abstract to ASHP Midyear Clinical Conference		
Submit project/MUE abstract to North Star Pharmacy Resident Conference		
Design project poster for ASHP Midyear Clinical Conference		



RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
Design project/MUE presentation for North Star Pharmacy Resident Conference		
Present MUE and/or project to relevant interdisciplinary group(s)		
Present project poster at ASHP Midyear Clinical Conference		
Present project/MUE presentation at North Star Pharmacy Resident Conference		
Present project presentation at FedRec RPro4 Conference (if application is accepted – awarded spot based on merit)		
Complete manuscript of residency project suitable for publication and approved by project advisor(s) and RPD		
LEADERSHIP, QUALITY, and MANAGEMENT		
Update 1 pharmacy policy/procedure. This may be done as groups of 2 or 3 depending on the size of the project.		
Participate in the monthly analysis of adverse drug events via active participation in the medication safety committee; must participate in at least one meeting during the block. This meeting occurs on the first Tuesday of the month from 9-10am. (This will take place in quarter one or two)		
Review use of DOAC dashboard and anticoagulation QA report with anticoagulation supervisor.		
Complete training on use of VA Adverse Drug Event Reporting System (VA ADERS). Enter adverse drug reactions into the VA Adverse Drug Event Reporting System (VA ADERS). Each resident is responsible for entering 20 VADERS during each block of the rotation.		
Manage Azathioprine and methotrexate MUET as a PGY1 group		
Participate in discussion with pharmacy leadership regarding departmental and strategic planning, hiring and HR including: hiring and human resource policies, staff management, performance reviews, disciplinary action, leave policies including FMLA, and other topics; recruitment, retention and succession planning.		
Participate in discussions with Chief or Pharmacy and/or Associate Chiefs of Pharmacy on assigned topics which include quality metrics (SAIL reports, EPRP, HEDIS), Practice Advancement Initiative (PAI), Pharmacy Practice Model Initiative, ASHP's Pharmacy Forecast and VHA Directive Clinical Pharmacy 1108.11. Complete required readings prior to assigned topic discussions.		
Attend pre-P&T prior to first assigned time for P&T minutes. Complete P&T minutes as assigned. Discuss with Chief/Associate Chiefs pharmacy experience with P&T, pre-P&T and guidance related to facility medication use.		
Participate in review of non-formulary medication requests and adjudication of PADR consults. Discuss experience with preceptor.		
Complete supervisor review of medication safety reports documented in adverse event reporting system for potential trends and issues related to medication management. This activity will be completed alongside the supervisor who is conducting the review.		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
Participate in the monthly analysis of adverse drug events via active participation in the medication safety committee; must participate in at least one meeting during block one or two. This meeting occurs on the first Tuesday of the month from 9-10am. (This will take place in quarter one or two)		
Lead presentation on professional development topic to staff and trainees. The presentation will be presented in pairs; the PGY-1 resident will pair with a PGY-2 resident. Topic will be determined by supervisor team. Examples of topics include: emotional intelligence, how to make lasting change, resilience, how to deal with chaos, crises and change. Reflect on personal professional development resulting from presentation and discuss with supervisor.		
Participate in discussions with Chief or Pharmacy and/or Associate Chiefs of Pharmacy on assigned topics which include governance of the healthcare system and leadership roles; changes to laws and regulations as related to medication use; and current on trends in pharmacy and healthcare. GUIDANCE: The above discussions will include review of the following: <ol style="list-style-type: none"> <li>1) Joint Commission, Office of the Inspector General, and other accrediting agencies</li> <li>2) Budget</li> <li>3) Interdepartmental relations, VA organizational structure</li> <li>4) Continuous improvement</li> </ol>		
Enters at least 2 total JPSR voluntary patient safety reports for the year. Discusses safety event with preceptor and management as appropriate based on the safety incident. Send screenshot or write up of event submitted to discuss with Associate Chief of Education and Quality.		
Develop an individual personal pharmacy mission statement and professional development plan and present this mission statement and plan to Chiefs and RPDs. PGY2s will facilitate this discussion. Review self-evaluation of this activity with preceptor.		
Read assigned leadership book and apply concepts to strengthen identified areas for improvement. Discuss application of concepts with Chief of Pharmacy and co-resident(s).		
Participate in monthly Clinical Pharmacy Practice Council GUIDANCE: <ol style="list-style-type: none"> <li>1) CPPC helps to share best practice and strategic goals and initiatives from VISN pharmacy to Minneapolis CP and CPS.</li> <li>2) Expectation of CPPC membership includes meeting attendance, participation in discussion and may include volunteering for subgroup work related to the committee.</li> </ol>		
PROFESSIONAL SERVICE		
Prepare a drug class review (utilize new information/drugs) with other PGY-1 residents (as a group). Present to RAC.		
Actively participate in group discussions during the resident meeting on Tuesdays and Wednesdays. The PGY1 residents will be responsible for the agenda/minutes and facilitating the second half of the year.		
Participate in a minimum of four preceptor development activities/presentations per year. May listen to the recording if not able to attend. Enter a reflection into PharmAcademic for each presentation.		
Compose a minimum of two professional articles for the Pharmacy Newsletter. The newsletters will be emailed to pharmacy and medical staff. Newsletters are as follows: Fall Clinical Newsletter		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
(review of a journal article) and Spring Project Newsletter. Also, compose a Welcome Newsletter and Farewell Newsletter (be creative and have fun) for pharmacy staff only.		
Participate in local (e.g., Minneapolis VA) and/or national (e.g., VA CPPO, FedRec) committee or workgroup. Minimum requirement is to join one local committee for at least 50% of the year. Contribute at least once to change/update/event planning/etc. Enter a reflection in PharmAcademic with the committee name and how you contributed quarterly (at least twice during the year).		
Contribute to recruitment and selection of future residents through involvement in MSHP/ASHP/school of pharmacy/other societies recruitment sessions, packet reviews, interviews, and ranking/selection meeting(s). This will also include assigned prep work for recruitment sessions and interviews as assigned by RPD and chief residents. Interview week assignments will be provided by either the RPD or the chief residents.		
<p>Prepare a minimum of one evidence-based CE presentation (1 hour). Guidance: Must identify and work with pharmacy subject matter expert to develop presentation. Must include an invite to pharmacy staff. Presentation should be prepared and given independently. Must supplement presentation with a handout and/or PowerPoint. Must provide evaluation sheets (or link if virtual) to participants. Specifically ask 3-4 participants to fill out an evaluation. RPD or assigned representative must be present at presentation. Check in prior to presentation to ensure attendance.</p> <p>Review CE feedback and self-reflect on performance for areas of strength and improvement. Self-assess at least one skill to improve upon for subsequent presentations. Enter a reflection in PharmAcademic with this information.</p>		
<p>Apply to become a FedRec member in July/August. Application requires: application form, written statement, updated CV, and a letter of support (approval) from RPD. Not everyone will be selected (based on merit), but this is a great national leadership opportunity if you are; only 20-30 residents are selected nationally. Selectees will not be required to participate in a local committee.</p> <p>Participate in Fed Rec monthly meetings. Participation should be rotated among PGY-1 residents. Minutes should be summarized at local Wednesday resident meeting by the PGY1 resident who attended meeting.</p>		
<p>Formulate and provide a comprehensive, concise, applicable, and timely response to drug information requests. Documenting findings in CPRS as appropriate, email pharmacy staff in Outlook, and full text in pharmacy drug information folder. Guidance: compose at least 2 formal drug information service responses. Residents are responsible for all drug information questions, so you may be answering more than 2 questions throughout the year.</p> <p>Evaluate drug information for potential contribution to scholarship (i.e. publish, send out to pharmacy/multidisciplinary staff, etc.). Ask preceptor if drug information question is appropriate for pharmacy staff. If there are no objections, send to pharmacy staff in an email. Deidentify all patient specific information, i.e. name, SSN, etc.</p>		
PRECEPTING		
University students on IPPE and/or APPE:		

RESIDENCY REQUIREMENT	PROGRESS TO DATE	GOAL SETTING IF NOT COMPLETED
MEETINGS, CONFERENCES, & EVENTS		
Attend Pharmacy Resident Meetings (~6x/month)		
Attend Chief Resident – PGY1 Resident Meetings (monthly)		
Attend Pharmacy Staff Meetings (quarterly)		
Attend Clinical Pharmacy Practice Council Meetings (monthly)		
Attend Co-Resident CE Presentations		
Attend MSHP Midyear Clinical Meeting – Recruitment Portion (September)		
Attend ASHP Midyear Clinical Meeting (December)		
Attend North Star Residency Conference (May)		
Attend Residency Graduation Reception (June)		
Attend Incoming Residents Meet & Greet (June)		
Attend Minneapolis VA M&M and Grand Rounds as able		
SURVEYS		
End of year survey of program submitted to RPD		
Wrap up meeting with RPD		



U.S. Department  
of Veterans Affairs

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Duty Hour Requirements**

## **Duty Hour Requirements for Residents**

### **Overview:**

The Minneapolis Veterans Affairs Health System (MVAHCS) Pharmacy Residency Programs follow the ASHP Duty Hours standards. Duty hours and the standards in the ASHP document pertain to time spent during the residency program, internal moonlighting and any external moonlighting.

### **Definitions:**

**Duty Hours:** Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care; in-house call; administrative duties; and scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours must be addressed by a well-documented, structured process. Duty hours do *not* include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the residency program director or a preceptor.

**Scheduled duty periods:** Assigned duties, regardless of setting, that are required to meet the educational goals and objectives of the residency program. These duty periods are usually assigned by the residency program director or preceptor and may encompass hours which may be within the normal work day, beyond the normal work day, or a combination of both.

**Moonlighting:** Voluntary, compensated, pharmacy-related work performed outside the organization (external), or within the organization where the resident is in training (internal; also known as “dual appointment”), or at any of its related participating sites. These are compensated hours beyond the resident’s salary and are not part of the scheduled duty periods of the residency program.

### **Resident Rights & Responsibilities:**

1. Residents have the professional responsibility to ensure they are fit to provide services that promote patient safety.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
3. Moonlighting (internal and external) is allowed during the residency year; however, must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
  - A. Maximum moonlighting hours: residents will not exceed 16 moonlighting hours per week; must fit within the limits outlined in 5-7 of this document.
    - i. Hours in excess must be approved by the Residency Program Director (RPD) and Residency Advisory Committee (RAC).
    - ii. All moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.
  - B. External moonlighting:
    - i. The resident must request approval from the RPD prior to any moonlighting activities at an external site (e.g., Walgreens Pharmacy, CVS Pharmacy, etc.). This request must outline which hours and days of the week that the resident is requesting to moonlight.
    - ii. The RPD will provide verbal or written permission for the resident to moonlight at any external site.





U.S. Department  
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**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1/PGY2  
Duty Hour Requirements  
Cont.**

4. Notification of duty hours and moonlighting:
  - A. Written documentation of all duty hours and moonlighting is required on a weekly basis.
    - i. The spreadsheet for documentation is located on the Pharmacy Shared Drive.
    - ii. The RPD(s) will routinely monitor hours to ensure compliance with the above- stated limits. Additionally, RPD(s) will ensure that discussion of the potential impact of moonlighting on resident performance is part of the PGY1 or PGY2 RAC meetings.
    - iii. A monthly alert will be sent through PharmAcademic requiring all residents to ‘Attest Compliance’ to ASHPs guidance on duty hours and moonlighting. If in violation, an alert will be triggered to the RPD to investigate and resolve violation and to prevent future violations.
  - B. Verbal notification of moonlighting to current preceptors is required on a weekly basis.
    - i. Preceptors will notify the resident and RPD(s) in writing if they believe the resident’s participation in moonlighting is affecting his/her judgment and ability to provide safe patient care.
      - a. RPD(s) will meet with resident to review report and collaborate on a strategy to improve performance.
    - ii. RPD(s) have the right to restrict moonlighting activity or discontinue agreements for external moonlighting if it is believed to be affecting the resident’s wellbeing, judgment, and ability to provide safe patient care.
  - C. Other circumstances: residents will notify their RPD in writing immediately if they are approaching maximum duty hours allowed within a week (within 8 hours of limits) or if they identify a scheduling issue that may conflict with the duty hour policy.
5. Mandatory time free of duty: residents must have a minimum of one day in seven days free of duty (when averaged over four weeks).
6. Residents should have 10 hours free of duty between scheduled duty, and must have at a minimum 8 hours between scheduled duty periods.
7. Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

**References:**

ASHP Commission on Credentialing. Duty-Hour Requirements for Pharmacy Residencies. ASHP. Online: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx#:~:text=Duty%20hours%20must%20be%20limited,objectives%20of%20the%20residency%20program>. Accessed June 2, 2022.

**Pharmacy Residency Leave: Annual, Profession, Sick, and Extended Leave**

**SUBJECT:** Postgraduate Pharmacy Residency professional, family, sick, and extended absence and leave

- 1. PURPOSE:** To outline departmental policy for Pharmacy Resident absence and leave.
- 2. POLICY:** Absence and leave will be administered on a uniform and equitable basis consistent with Minneapolis VA Health Care System Pharmacy Policy #HR-07E, appropriate laws, regulations, and related requirements. Pharmacy resident preference shall be given consideration.
- 3. PROCEDURE FOR ANNUAL LEAVE:**
  - a. Annual leave (AL) may be, and is encouraged to be, used throughout the residency program. Residents accrue AL at a rate of 4 hours per pay period (13 days during the course of the residency program).
  - b. All leave requests are submitted using the online Veterans Affairs Time and Attendance System (VATAS).
  - c. For planned leave, email preceptor requesting the day(s) off. Once approved, forward that email to the Resident Program Director (RPD) or the Associate Chief of Quality and Education (ACQE) if the RPD is not available.
  - d. If approved by the RPD, enter the requested leave into VATAS with a notation that approval was obtained from the RPD in the comments section. This should be done at least one month prior to planned leave if possible.
  - e. Prior approval should also be obtained for planned sick leave (SL) including but not limited to medical, dental or optical examinations/treatment when possible. This should be done at least one month prior to planned SL if possible.
  - f. All annual, sick, and family care leave must be accounted for in VATAS, regardless of reason. Leave is charged in 15-minute increments.
- 4. PROCEDURE FOR SICK LEAVE:**
  - a. Sick leave (SL) may be used throughout the residency program. Residents accrue SL at a rate of 4 hours per pay period (13 days during the course of the residency program).
  - b. Make timely reports of absences not previously approved. Report, or have a responsible person report, incapacitation for duty as early as practical. Generally, this will be at the beginning of the tour of duty, unless mitigating circumstances exist. Notify the RPD or the ACQE if the RPD is not available.
  - c. If Occupational Health or your personal health provider determines that you are incapacitated for work, you must communicate this with the RPD by providing the medical certification (if requested) and request leave to cover the period of incapacitation.
  - d. Inform RPD if reason for incapacitation for duty is a contagious illness so the health of coworkers can be monitored; and provide medical clearance for return to duty if deemed necessary by the RPD.
  - e. For emergent leave in accordance with Minneapolis VA Health Care System Pharmacy Policy A-16 (Notification of Incapacitation for Duty by Employees). You are expected to call on each day of SL unless discussed with RPD previously.
  - f. Requests through VATAS must be made immediately upon return to duty.
  - g. A leave request should not be entered for scheduled resident 'staffing' hours. The resident must inform the area they are scheduled to staff, inpatient or outpatient pharmacy, of their SL.
  - h. If you are using SL for a planned medical appointment, the leave must be cleared with your preceptor and the RPD, and entered into VATAS prior to the appointment. Use the same process outlined for AL above.
  - i. SL can also be used for care purposes if you need to help an immediate family member attend a medical appointment, provide direct care for immediate family members who are ill or for bereavement purposes due to the death of a family member per pharmacy guidance.



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Pharmacy PGY1/PGY2  
Leave Requirements  
(M18b) Continued**

**5. RESPONSIBILITIES:**

- a. Residents are responsible for observing leave and excused absence policies and regulations which affect them personally.
- b. Being at their post of duty during official duty hours unless on approved leave or excused absence.
- c. Observing the time and attendance policies and procedures and using leave for the purpose for which it is intended.
- d. Submitting accurate statements about absences, including but limited to the use of SL and family care leave.
- e. Furnishing medical certificates when required, e.g., when absence is for more than three consecutive workdays.
- f. Having accrued sufficient leave to cover approved requests when they occur.

**6. LEAVE LIMITS FOR RESIDENTS:**

- a. ASHP requires that residents complete 12 months of full-time work to successfully complete a residency program. Within the VA, this is considered to be 2080 hours and federal leave policies are applied to residents in the same manner as all federal employees.
- b. Residents are allotted duty time (authorized time to attend conferences); these requests must be submitted to the RPD. Requests may be denied by the RPD if they do not represent or fulfill the intended purpose of the residency program. Up to 10 days of duty time may be used during each year for educational leave to attend conferences and CE programs. Up to two days may be utilized for interviewing at other VA facilities.
- c. For authorized educational leave where no travel funding is being provided by the VA. The request should be specific as to the reason for the leave including the name of the conference being attended and the location. This must be cleared with your preceptor and RPD prior to entering the request for leave.
- d. For educational leave that the VA will be providing travel funding, a travel request form must be completed. If your travel request is approved, you will receive travel orders and you must provide a copy of this to the timekeeper prior to leaving.
- e. The resident may be required to add additional days to a required learning experience if he/she misses more than 20% of that learning experience. This may result in time being taken from an elective experience. This is to be determined by the RPD and preceptor. This determination will be made based on the resident's progress towards completion of the objectives of the learning experience and the number of days missed. See Requirements for Successful Completion of Residency Document for addition details.

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Leave Requirements  
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**7. EXTENDED LEAVE:**

- a. If an extended absence occurs (i.e. extended family, SL or military leave, etc.), extension of the residency program may be necessary to fulfill ASHP time in residency requirements. If the resident's need for leave exceeds the allotted SL and AL of 4 hours of each per pay period (104 hours of sick leave plus 104 hours of annual leave, for a total of 208 hours), an extension of the program would be required in order to complete the program. Although military leave does not require the use of AL or SL, the 208-hour limit for time off will be used to determine the need for an extension of the program.
- b. Opportunity to extend the program with pay will depend on the decision of the VHA National Director of Residency Programs and Education and the Office of Academic Affiliations. If extended leave is granted, a resident must use all earned leave prior to going on leave without pay (LWOP). LWOP would be in effect until the resident returned to the program.
- c. The program will not be considered complete until both the 12 months of full-time commitment and all other requirements are met. If extended leave is used, completion of all requirements of the residency must be accomplished within 12 months of the initially scheduled completion date (the date planned for completion if there had not been a need for extended leave).
- d. For military leave, military personnel who are called to active duty may request an exemption from the National Director of Residency Programs and Education for the requirement to complete the 2080 hours within 12 months of the initially scheduled date of completion. Such exemption will be considered on an individual basis in collaboration with the local RPD if the military personnel has been on active duty for the time of absence from the residency program.

**8. FEDERAL HOLIDAYS:**

- a. Residents will be awarded eleven paid federal holidays throughout the year: July Fourth, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Day, Presidents Day, Memorial Day, and Juneteenth.
- b. If residency obligations require work on a Holiday, alternative arrangements or compensation may be considered on a case-by-case basis.



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Leave Requirements  
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**9. OTHER STAFF REQUIREMENTS:**

- a. RPDs are responsible for educating residents about the absence and leave policies and regulations on a uniform and equitable basis. This includes:
  - i. That pharmacy residents are trained in proper use of leave, kept informed on leave matters and of the name or title of the leave-approving supervisor and time-keeper.
  - ii. Acting promptly on requests for leave and determining the necessity for or acceptability of sick leave medical certificates.
  - iii. Maintaining control over attendance, leave and excused absence. Determining whether a resident's absence from regular duties constitutes official duty, approved leave, excused absence, or absence without leave, and ensuring that the unit timekeeper is promptly notified of all leave requests.
  - iv. Consulting with Human Resources Management (HRM) or Pharmacy Management for advice concerning, and interpretation of, leave regulations.
- b. HRM is responsible for the general administration of the leave program. This includes interpreting leave policies and regulations for operating officials, and providing for resident orientation on leave provisions.
- c. Timekeepers (Pharmacy Program Assistant(s)) are responsible for:
  - i. Posting attendance and leave information daily.
  - ii. Prompt attention to and corrections of errors on time cards.
  - iii. Obtaining employees' certification of leave and absences or having an OPM 71 on file.
  - iv. Ensuring completeness prior to certification by leave approval officials.
  - v. Posting, or having residents post, necessary remarks for FFLA, FMLA, and use of leave in lieu of another leave category (e.g., AL or SL), OWCP, or AA. Posting correct codes for AWOL, jury duty, suspension, etc.
  - vi. Sending the certified time cards to Payroll.
  - vii. Notifying HRM as soon as it becomes known that an resident has been or will be in a non- pay status for seven consecutive days or more.
  - viii. Maintaining a record of leave for residents with marginal leave balances (e.g., balance of 80 hours or less) in order to prevent overdrawn leave.

**REFERENCES:** Minneapolis VAMC Policy # HR-07E, Absence and Leave, 5 U.S.C. Chapter 63; 5 CFR Part 630; VA Handbook 5011 Part III; VA Financial Policies and Procedures Volume XV, Chapter 5; Master Agreement between the Department of Veterans Affairs and the American Federation of Government Employees; Negotiated Agreements between the Minneapolis VA Medical Center and AFGE 1969 and 3669.

**RELATED POLICIES:** Limited Duty #HR-09; Outpatient Scheduling Process and Clinic Operations #TX-08F, and Time and Attendance for Physicians, Dentists and Podiatrists #HR- 23.

**RESCISSION DATE:** May 2024

**FOLLOW-UP RESPONSIBILITY:** Residency Program Director

**Minneapolis Veterans Affairs  
Health Care System  
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Pharmacy PGY1/PGY2  
Discipline & Dismissal  
Guidance (M-21a)**

**SUBJECT:** Discipline and/or Dismissal of a Pharmacy Resident from the Pharmacy Residency Program at the Minneapolis VA Health Care System

1. **PURPOSE:** The purpose of this policy is to establish guidelines and procedures for correcting unacceptable conduct and/or unsatisfactory performance in the workplace or while conducting official government business (i.e. while on travel). This policy also sets forth procedures for dismissal from the program.
2. **POLICY:** The Associate Chief of Pharmacy for Education and Quality Assurance, Resident Program Director, Residency Preceptors, and the Residency Advisory Committee will review reports of unacceptable behavior or unsatisfactory performance. Based on the results of this official review and severity of infraction, a pharmacy resident may be provided verbal counseling with documentation, written counseling, or be dismissed from the program. National VA Residency Advisory Board (RAB) and Office of Academic Affiliation (OAA) will be involved in all cases where resident dismissal is being considered.
3. **PROCEDURE:**

**Pharmacy Residents:**

- Pharmacy residents are responsible for understanding and following all rules of conduct of the Pharmacy Residency Program that are outlined in this policy while in the workplace or conducting official government business (i.e. while on travel).
- Pharmacy residents must adhere to rules and policies of the Veteran Affairs Administration and the Minneapolis VA Health Care System. Pharmacy residents are expected to conduct themselves in a professional manner at all times; demonstrate a high level of integrity and honesty in dealing with colleagues, supervisors, patients, and other staff; and project an image of respectability and trustworthiness.
- Pharmacy residents are expected to maintain an adequate level of performance (as defined by program specific ASHP goals and competencies).
- In the event of disciplinary action, the resident has the right to address the Residency Advisory Committee either in person or in writing.
- Should the Residency Advisory Committee provide follow-up action items for the resident to address unsatisfactory conduct/performance, the resident may elect to not complete these items. At this time, the resident may be dismissed from the residency.

**Pharmacy Residency Preceptors:**

- Inform pharmacy resident of conduct that is considered inappropriate and/or does not meet departmental standards. Preceptors are to provide corrective counseling with the goal of resident improvement.
- Inform pharmacy resident of performance that is unacceptable (as defined by program specific ASHP goals and competencies) and provide corrective counseling with goal of resident improvement.
- Inform Residency Program Director when pharmacy resident conduct has been inappropriate and/or does not meet departmental standards.
- Inform the Residency Program Director when pharmacy resident performance is determined to be unacceptable to the standards of a pharmacy resident (as defined by program specific ASHP goals and competencies).





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**Pharmacy Residency Program Director:**

- Inform the pharmacy resident of the contents of this policy and potential implications.
- If issues arise, inform pharmacy resident of any perceived unacceptable conduct or unacceptable performance.
- Based on the severity of unacceptable conduct, counsel and allow the pharmacy resident to correct conduct and bring performance to an acceptable level.
- Inform managers, preceptors, and Residency Advisory Committee if there is a concern for patient safety.
- Respond to and document the pharmacy resident's unacceptable conduct or performance.
- If the resident fails to respond to corrective counseling the Residency Program Director will reach out to the National VA Residency Advisory Board (RAB) and Office of Academic Affiliation (OAA) and document the plan/outcome.
- Inform the Associate Chief of Pharmacy for Education and Quality Assurance for informational purposes.

**Residency Advisory Committee:**

- The Residency Advisory Committee consists of the Associate Chief of Pharmacy for Education and Quality Assurance, Residency Program Directors and representative group of Residency Preceptors. For residency disciplinary proceedings, the relevant managers and staff will be invited.
- The Residency Advisory Committee will meet to review concerns and investigate inappropriate conduct or performance. The Residency Advisory Committee will recommend appropriate actions to the Residency Program Director and Associate Chief of Pharmacy for Education and Quality Assurance. Appropriate action based on violation may include any of the following with documentation in pharmacy residents file:
  - Additional verbal counseling, remedial advice, coursework, or other training for resident improvement.
  - Written warning, counseling with remedial advice, coursework, or other training to improve.
  - Adjustment of resident schedule (re-training, repeat learning experience).
  - If an infraction is considered egregious or severe, the Residency Program Director will forward this to the respective Residency Advisory Committee for immediate consideration for action without allowing the resident time to improve.
- Should the pharmacy resident fail to correct inappropriate conduct or improve performance after receiving counseling from the Residency Program Director and preceptors, the Residency Program Director then forwards the ongoing concern to the Residency Advisory Committee.
  - The overall emphasis and goal of all disciplinary action is the correction and/or improvement of resident conduct or performance.
  - National VA Residency Advisory Board (RAB) and Office of Academic Affiliation (OAA) will be notified.
  - No definitive action will be taken until the resident is informed of the grounds for dismissal.
- If action merits dismissal from the program, Human Resources Service will be consulted and involved.



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**Types of violations:**

Violations may be classified as minor, major or critical and are defined below. Disciplinary measures for unacceptable behavior, conduct or performance that is not listed below will be determined by the Residency Program Director and Residency Advisory Committee.

- **Minor Violations:** results in a verbal counseling for the first offense with documentation; the following are potential examples:
  - Dishonest behavior, deliberately lying.
  - One episode of failure or refusal to perform assigned duties.
  - Engaging in activity detrimental to the operations of the medical center.
  - Rude or discourteous behavior.
  - Unauthorized or inappropriate use of telephone, computer, e-mail, or other office/business equipment.
  - Failure to call in an absence or tardiness according to departmental procedures.
  - Unauthorized absence from an assigned work area (includes repetitive tardiness).
  - Negligent use of property resulting in damage or loss.
  - Failure to follow proper standards relating to personal hygiene and grooming.
  - Presence in an unauthorized area.
  - Inability to make satisfactory progress in achieving required goals and objectives associated with residency.
- **Major Violations:** results in a written counseling for the first offense and potentially early dismissal for repeated violations; the following are potential examples:
  - Repetitive failure or refusal to perform assigned duties or engaging in any activity detrimental to the operations of the medical center.
  - Use of profane or abusive language.
  - Engaging in any behaviors or activities that are disruptive to the operations of the medical center and/or creates a work environment that is disruptive.
  - Violation of posted safety, security, health, or fire prevention rules, or otherwise causing a safety hazard.
  - Sleeping while on duty, or hiding with the obvious intent of sleeping while on duty.
  - Harassment/discrimination including advances, verbal, sexual, and/or physical conduct, with regard to all applicable laws covering the medical center's EEO policies, when submission or rejection of such harassment is used as a basis for employment decisions, or where harassment has the purpose or effect of interfering with an employee's work performance or creating an intimidating, hostile or offensive work environment.
  - Reporting to work while under the influence of any intoxicant, hallucinogens, or narcotic.
  - Unauthorized use of property.
  - Smoking in non-designated areas.
  - Continued inability to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.



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Guidance (M-21a) Cont.**

- Critical: can warrant immediate early dismissal on first offense per decision of Residency Program Director, Residency Advisory Committee or Associate Chief of Pharmacy for Education and Quality Assurance. The following are potential examples of violations that would be considered as critical:
  - Deliberate inattention to patient care, or engaging in any conduct detrimental to patient care (including patient abuse).
  - Fighting, issuing threats or verbal abuse, or other disorderly conduct on the premises, or while engaged in official government business.
  - Violation of security access – patient information policy or deliberately releasing confidential information covering medical center business, patient information, employee information, etc.
  - Violation of the medical center policy by falsifying information, records or documents.
  - Unauthorized possession of a firearm, explosives, or other weapon on the premises.
  - Theft of property or willfully causing damage to, waste of, or loss of property.
  - Failure to submit to an alcohol/drug examination.
  - Absence from work for three (3) consecutive scheduled days without notifying appropriate supervisor during the absence for illness or accident preventing the employee from working (as evidenced by written certification of a medical doctor if requested by management), or other satisfactory reason for such absence, as determined by appropriate management, will be considered job abandonment.
  - Violating ethics or laws of pharmacy practice
  - Violations of patient boundaries, including violations of boundaries with patient family members. This includes but is not limited to acceptance of gifts, romantic or sexual relationships, business transactions and associations, accessing medical records of family or friends and failure to report suspected boundary issues.
  - Unauthorized possession or use of an intoxicant, hallucinogens, or narcotic while on the premises.
  - Persistent failure to make satisfactory progress in achieving required goals and objectives (associated with residency) after additional, remedial, and focused training in the designated areas.
  - Performance that caused significant harm to a patient or a “near miss” situation that cannot risk being repeated.
  - Failure to gain professional licensure 90 days after the start of resident year is grounds for dismissal from the program.



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**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Application and Selection  
Process**

**Purpose:**

To establish procedures related to the selection of pharmacy residents for the PGY1 Pharmacy Residency Program. Each resident is considered a temporary full-time employee (with a one-year appointment) of the Minneapolis VA Health Care System (MVAHCS). As such, the resident is bound by all the rules and regulations pertaining to all personnel at the medical center, in addition to the requirements for the residency program as set forth in the residency manual and by the Accreditation Services Division of the American Society of Health-System Pharmacists (ASHP).

**Procedure:**

1. MVAHCS is an equal opportunity employer that does not discriminate on the basis of race, gender, or disability.
2. Minimum requirements for evaluation and selection:
  - a. All candidates must meet the minimum requirements for a PGY1 residency as required by ASHP.
  - b. All candidates must participate in the National Matching Service (NMS) program.
  - c. All candidates must comply with any other rules, regulations, etc. proposed by ASHP .
  - d. Applicant must be a current US Citizen.
  - e. Applicant must be a graduate from an Accreditation Council for Pharmacy Education (ACPE) accredited school of pharmacy.
  - f. All application materials requested by the Residency Program Director (RPD) must be completed by the application deadline as described below.
3. Application packet:
  - a. The following application materials should be electronically submitted to the Pharmacy Online Residency Centralized Application Service (PhORCAS):
    - i. PhORCAS Standard Residency Application with ASHP match number.
    - ii. Letter of intent.
    - iii. Curriculum Vitae containing all employment experience since high school, pertinent professional, educational, and extra-curricular activities, awards, research, presentations, teaching experience, and any other activities that the applicant deems relevant.
    - iv. Three (3) letters of recommendation using the PhORCAS Standardized Reference form.
      1. In the case an applicant submits greater than three letters of recommendation, the first three letters will be considered for review.
    - v. An essay (maximum of 500 words) with topic to be determined by the interview and selection committee of the Residency Advisory Committee (RAC) and posted on the residency program website

All information submitted in application packets becomes confidential information of the MVAHCS and will not be made available to other candidates, or anyone outside of the interview and selection panel. Any printed application material will be retained by the RPD and will be stored in a secure setting until match results are known and those candidates that matched with the program have committed in writing. Only the RPD and designated reviewers will have access to this information. The application packets for residents that are hired and complete the residency program (awarded a graduation certificate) will be maintained for the minimum number of years required by ASHP for purposes of future ASHP re-accreditation survey visits. All packets after the time periods specified above will be destroyed in a manner consistent with the medical center policy for destruction of sensitive information.



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4. Application deadline:
  - a. All candidates must have their completed application submitted by the established deadline date to be considered for a residency position.
  - b. Any candidate whose documents are not received by the deadline date will be reviewed on a case by case basis. Consideration for packet evaluation will be determined by the RPD group.
5. Application packet evaluation:
  - a. All applicants providing a complete application packet as per above specifications will be evaluated by a panel of designated reviewers. Packets will be excluded from further review if one or more of the following criteria are met:
    - a. Grade point average (GPA) is less than 3 on a 4 point scale.
    - b. One or more letters of reference state, "I do not recommend this candidate" in the "Recommendation concerning admission" field of the PhORCAS application.
    - c. Two or more letters of reference state, "I recommend this candidate, but with some reservation/s" in the "Recommendation concerning admission" field of the PhORCAS application.
  - b. Each application packet will be reviewed by at least two members of RAC using a pre-specified rubric, and each reviewer will calculate a final score and designate ranking for interview as either: 'yes interview', 'no interview' or maybe interview'. Points are allotted for each portion of the application packet:
    - a. Letter of intent
    - b. Information from curriculum vitae
    - c. Academics
    - d. Essay
    - e. Letters of recommendation
  - c. The RPD will assign application packets to reviewers. A reviewer may not review a packet for an applicant for which they served as a primary preceptor. Additionally, a reviewer must decline to review a candidate packet if any perceived conflict of interest is present. The RPD will then reassign the packet to another reviewer.
6. Selection of candidates for interview:
  - a. Total number of applicant interviews will be decided by RAC. A minimum of 24 interview slots for 4 resident positions will be reserved.
  - b. Any applicant receiving less than 50% of possible points on pre-interview rubrics based on combined scores will not be considered for interview.
  - c. Any applicant receiving two or more 'no interview' rankings will not be offered an interview.
  - d. Interviews for multiple program applicants
    - a. Candidates will be considered for multiple programs during one interview.
    - b. Candidates will be notified if they are interviewing for multiple programs before the interview.
    - c. Candidates will interview with the mental health group of candidates if selected for interview for both mental health and general programs.
  - e. The top four (4) candidates for mental health and the top twelve (12) candidates for the general program based on combined packet score and all 'yes interview' rankings from reviewers will be offered interviews and will be notified as such.



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Application and Selection  
Process Cont.**

- f. For the additional interview slots available (4 for mental health and 4 for general), members of the interview and selection subcommittee will complete a secondary review of the next 8 highest scoring candidates based on initial review score for MH, and next 8 highest scoring candidates based on initial review score for general. Applicants in this cohort will be re-scored using the same pre-interview rubric.
  - g. To determine final interview offerings for the remaining interview slots available (4 for mental health and 4 for general), the panel of designated reviewers will meet with the RPD group to review combined packet scores and decide on final rank, incorporating “fit” with program into final decision.
    - a. The committee may move candidates up or down in the ranking by no more than 3 spots based on perceived “fit” or lack of “fit” with the program
    - b. “Fit” may be determined by outreach to our program, interest in PGY2 programs available, professional goals aligning with program strengths, and past VA experience.
  - h. If needed the RPD may conduct a telephone interview to clarify any part of an applicant’s application packet or assist in ranking of candidates. Telephone interviews will be conducted by the RPD plus either one (1) representative from RAC or one (1) current Pharmacy Resident. The number of telephone interviews conducted will be at the discretion of the review panel.
  - i. Candidates not offered an interview will be notified in writing that an interview will not be conducted.
  - j. In the event that a candidate declines an interview for whatever reason, the candidate will not be considered for admission and his/her application will become null and void.
  - k. If an interview is cancelled/declined by a candidate, the RPD can decide to give the interview slot to a candidate who did not fall within the top positions for an interview. If this is to occur, the slot must be offered to the applicant who falls at the top of the list of applicants not considered (ranking X-1). If this interview is declined, the RPD may continue down the list of applicants not considered in chronological order (X-2, etc.) and offer interviews until slots have been filled, the list is exhausted, or the process halted at the RPD group’s discretion at any time.
  - l. The RPD group is not required to offer refused slots to previously not considered applicants and may refuse to continue scheduling interviews at any time during this process.
  - m. Candidates offered interviews will be provided with the MVAHCS Residency specific policies and procedures.
7. Scheduling of the interviews:
- a. A list of all interview dates that will be offered will be created before any interviews are scheduled by the RPD.
  - b. Candidates will self-enroll via an online scheduling tool.
  - c. Once an interview has been scheduled, the RPD will ensure that it will not be cancelled. If the interview must be cancelled, the RPD will make a reasonable attempt to reschedule the interview for a candidate. If the interview is cancelled, MVAHCS is under no obligation to compensate the candidate for any loss of time or money related to the interview process or travel for such.
  - d. If a candidate cancels an interview, the RPD is under no obligation to reschedule if there are no other dates available. If a date is still available, the candidate can choose to reschedule on that open date. The RPD is under no obligation to open up a new date/time for a candidate who cancels the interview.





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- e. No interviews will be scheduled the two (2) days before Rank Order Lists are due with the NMS. No interviews will be scheduled after the Rank Order List has been submitted.
- 8. Interview process:
  - a. The interview will be coordinated and scheduled by the RPD.
  - b. The RPD group will be responsible for securing staff attendance for the interview. The groups will consist of a broad selection of pharmacy staff from different practice areas (acute care, ambulatory care, geriatrics, staffing and leadership etc.)
  - c. All interviews must be conducted on site unless deemed otherwise by RPD.
  - d. The interview process will consist of at least the following (not necessarily in order presented)
    - i. Hospital tour with current pharmacy residents
    - ii. Interview with RPD(s)
    - iii. Interview(s) with program preceptors
    - iv. Interview(s) with current pharmacy residents
    - v. Interview with pharmacy leadership
    - vi. Interview with interprofessional team
    - vii. Clinical Case
    - viii. Candidate presentation
  - e. During the interviews, candidates will be asked a series of pre-determined questions relating to professional and clinical background issues.
    - i. The same questions will be used for each candidate group. Altering questions during the interview process is prohibited.
    - ii. Questions will be reviewed and revised (if needed) by the interview and selection subcommittee of RAC each year before the first scheduled interview.
    - iii. The candidate's completed application packet will be available during the interview for interviewing staff to review.
  - f. Interviewing staff will utilize the interview evaluation rubric to score each candidate and to make comments related to the candidate's interview session, this will then be entered into WebAdMIT. The interview evaluation forms will be returned to the RPD.
  - g. At no time during the application/interview process may any health-system staff member make deals, concessions, etc. to any candidate.
- 9. Ranking of candidates:
  - a. Upon completion of the interview process, a final candidate ranking meeting will be held. This meeting may be attended by any interviewing staff and the current resident(s). For interviewing staff unable to attend the final candidate ranking meeting, they must enter the completed interview evaluation form into WebAdMIT at least one (1) day before the final candidate ranking meeting.
  - b. Interviewed candidates will be ranked using the combined pre-interview and post-interview average score. The group can promote/demote candidates based on interview performance and program fit (see above).
  - c. All decisions will be based on a majority rule with any ties broken by the RPD.
  - d. At the conclusion of the meeting, the group will certify the final ranking list.
  - e. Once the Rank Order List is certified by the group, the list may not be altered.
  - f. The final list will be entered into the NMS Program by the RPD by the deadline stipulated by the NMS.
  - g. The final ranking list is strictly confidential and is not to be shared with other staff members, residents, candidates, etc.



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10. Disputes with application or interview process:
  - a. Any questions or disputes regarding the application process will be forwarded to the RPD.
  - b. The RPD's decision on these matters is final.
11. Hiring of selected candidates:
  - a. Only the candidates selected through the NMS will be hired.
  - b. After the results of NMS Phase I have been posted, the RPD will contact the matching candidate in writing with an acceptance letter and contract.
    - a. The matching candidate must return the signed contract within the NMS predetermined timeframe.
  - c. HR will then be notified to complete the VA hiring process.
12. Phase II match:
  - a. Any unfilled positions in Phase I of the Match will be offered to unmatched applicants in Phase II of the Match.
  - b. Any new programs or positions that receive funding after Phase I of the Match may be added into Phase II of the Match, and applicants who did not participate in Phase I of the Match may participate in Phase II.
  - c. Completed applications will be evaluated and candidates will be selected for an interview by a panel of designated reviewers.
  - d. Phone or video interviews will be allowed, however, all candidates will be interviewed using the same format (all on site, all phone, or all video).
  - e. The RPD and at least one acute care, one ambulatory care, one geriatrics, and one leadership preceptor and one resident will interview the candidate(s) using a pre-determined set of questions.
  - f. The above interview panel will then meet to determine the order in which candidates should be offered the position.
  - g. The RPD will submit Rank Order Lists by the Rank Order List deadline for Phase II of the Match.
  - h. If a match is made the RPD will contact the matching candidate in writing with an acceptance letter and contract.
    - i. The matching candidate must return the signed contract by within NMS predetermined timeframe.
    - ii. HR will then be notified to complete the VA hiring process.
13. Post-Match Scramble:
  - a. This will be implemented in accordance with ASHP Match Rules.
  - b. The RPD will review unmatched candidates in PhORCAS and contact potential candidates to discuss the program.
  - c. The RPD may also send an announcement of unfilled positions to applicable list serves in effort to recruit potential candidates.
  - d. Completed applications will be evaluated and candidates will be selected for an interview with a panel of designated reviewers.
  - e. Phone or video interviews will be allowed; however, all candidates will be interviewed using the same format (all on site, all phone, or all video).
  - f. The RPD and at least one preceptor and one resident will interview the candidate(s) using a pre-determined set of questions.
  - g. The above interview panel will then meet to determine the order in which candidates should be offered the position.

**VA**



U.S. Department  
of Veterans Affairs

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Application and Selection  
Process Cont.**

- a. The selected candidate must return the signed contract within 30 days of dated acceptance letter.
  - b. HR will then be notified to complete the VA hiring process.
14. Record keeping: Applications, rankings, and evaluations will be maintained by RPD to demonstrate compliance with current policy.

## **Resident Wellness Resources:**

**It is easy for the complexities of health care to result in stress for professionals who work in health care. No one is exempt from the stresses of professional and personal life. No one should feel afraid or ashamed to ask for help coping with stress or depression. Many resources are available.**

**In an attempt to help pharmacy residents balance all aspects of their training and life, the residency program director (RPD) and preceptors have developed a program to support pharmacy residents.**

- RAC Wellness Sub-Committee: Martin Bloch, Josh Brockbank, Kevin Rauwerdink, Heather Poepping, Andra Trakalo, and Elizabeth Welch.
  - Two Wellness Retreats: Orientation (facilitated by Wellness Sub-Committee members) & Mid-Year (facilitated by residents)
  - The Wellness Sub-Committee meets 1x/month with the resident group during scheduled resident meetings. Activities are planned based on resident interest and wellness-related needs.
  - (optional) One wellness-related activity outside of work (such as nature walk) is encouraged.
  - Wellness Sub-Committee members are available for one-on-one check-ins and mentoring. Martin is an advocate for personal check-ins/health coaching.
- Melissa Atwood, PharmD meets with the resident group 1x/month during scheduled resident meetings to discuss humanism curriculum.
- The PGY-1 RPD meets weekly with each PGY-1 resident individually to provide updates on progress, needs, stress, workload, life-work balance, and other resident needs. The agenda for this meeting is driven by the resident, and the RPD will frequently ask about progress and wellbeing. A wellness self-evaluation is completed quarterly, with an action plan created as needed.
- PRN evaluation and discussion/meetings based on observations or reports of any staff or resident.
- Resident may select a preceptor to support or advise (mentor) the resident in addition to the support from the RPD as needed.
- Residency Wellness Center: [Residency Wellness Center \(sharepoint.com\)](#)
- Resident Psychologist: Dr. Jason Bonnerz, Ph.D. [jason.bonner@va.gov](mailto:jason.bonner@va.gov)
- Employee Whole Health: <https://www.va.gov/WHOLEHEALTH/professional-resources/EWH-Resources.asp>
- Minneapolis VA Employee Whole Health Committee: <https://dvagov.sharepoint.com/sites/min/SiteDirectory/Employee-Wellness/SitePages/Home2.aspx>
- VA Employee Whole Health: [Employee Whole Health - Employee Whole Health Home \(sharepoint.com\)](#)
- Staff Wellness Toolkit: [Staff Wellness Toolkit March - word.docx](#)
- Employee Assistance Program: <https://allonehealth.com/allone-health-locations/sandcreekeap/>
- The Minneapolis VA offers on site yoga, daily mindful meditations and an employee gym.

# Minneapolis Veterans Affairs Health Care System Minneapolis, MN Pharmacy PGY1/PGY2 Residents, Directors, and Preceptors Background



Larger attractions such as Mall of America which houses Nickelodeon Universe (indoor amusement park), Lego Land, and Sea Life Aquarium are fun on the weekend. Also pictured in the left lower corner is Valley Fair (outdoor amusement park).



## **PGY-1 General Pharmacy Practice Residents**



**Alyssa Isola, PharmD.**, completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy in 2018. During pharmacy school Alyssa worked as a student intern at Park Nicollet Methodist hospital completing hospice medication reviews. Additionally, she was an active board member of the Kappa Psi and the Minnesota Pharmacy Student Alliance Duluth chapters. After graduation, Alyssa worked at Walgreens, building up to pharmacy manager, until she took a residency position at the VA. Her professional interests include pain and palliative care, ambulatory care, and infectious disease. During her free time, Alyssa enjoys nature walks with her son (Chase), playing soccer, and going to Loons soccer games with her husband.



**Leyla Rashid, PharmD.**, completed her Doctor of Pharmacy degree from the University of Minnesota College of Pharmacy in Minneapolis, MN, after obtaining a Bachelor of Science degree in Neuroscience at Indiana University in Bloomington, IN. During pharmacy school, Leyla worked as an intern at M Health Fairview Ridges Hospital and as a Coordinator intern within Fairview's Medication Therapy Management Department. Throughout pharmacy school, Leyla was a Lead Student Ambassador and the founding president of the UMN chapter of Student National Pharmaceutical Association (SNPhA). In this role, she organized a lecture series detailing the roots and effects of health inequities in minoritized populations. Her professional interests include mental health, neurology, and pharmacy education. Outside of work, Leyla enjoys interior decorating, hiking, gardening, and checking out breweries with friends.



**Siri Roberts, PharmD.**, completed her Doctor of Pharmacy degree at Drake University in Des Moines, Iowa. During pharmacy school, Siri worked as an intern at CVS Pharmacy in the Des Moines area. During her time in pharmacy school, she served on the executive committee of the Student College of Clinical Pharmacy campus organization, as well as being actively involved with the Kappa Psi Pharmaceutical Fraternity campus chapter. Her professional interests include ambulatory care, chronic disease state management, and transitions of care. Outside of work, Siri enjoys spending time with friends and family, trying new restaurants, and exploring Twin Cities events like farmer's markets and art shows.





U.S. Department  
of Veterans Affairs

**Minneapolis Veterans Affairs  
Health Care System  
Minneapolis, MN  
Pharmacy PGY1  
Current Residents**

## **PGY-1 General Pharmacy Practice Residents**



**Sabrina Sturm, PharmD.**, completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy, after obtaining a Bachelor of Arts degree in Biochemistry at Minnesota State University, Mankato. During pharmacy school, Sabrina worked as an intern at the Masonic Cancer Clinic. She also enjoyed being a teaching assistant and volunteering for the Phillip's Neighborhood Clinic. Her professional interests include oncology, cardiology, and palliative care. She values the continuity of care with patients and interprofessional collaboration. Outside of work, Sabrina enjoys spending time outside with friends and family, as well as crafting and puzzles when winter hits.



**Rebecca (Becky) Thelen, PharmD.**, completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy. After a career as a professional advisor in higher education, Becky transitioned to pharmacy and interned at St. Luke's Hospital in Duluth, MN. During pharmacy school Becky served on the College of Pharmacy's admissions committee and the executive board of the HOPE Clinic, a collaboration between pharmacy and medical students, which served patients experiencing housing insecurity. Her professional interests include primary care, cardiology, and HIV/HEP C. During her free time, Becky enjoys hiking with her dog Macie and wife Jackie, gardening, and spending time with her two children (Nick and Flynn), other family, and friends.

## **PGY-2 Psychiatric Pharmacy Resident**



*Jesse Upton, PharmD., completed his Doctor of Pharmacy degree from Drake University in Des Moines, Iowa. During pharmacy school, Jesse worked as an intern at Hy-Vee Pharmacy as well as Blue Cross Blue Shield of Minnesota as a Medication Therapy Management Intern. Through these experiences, he helped with the development, implementation, and monitoring of the health system's MTM program. Jesse completed his PGY-1 at the Minneapolis VA and is excited to continue his professional growth here as the PGY-2 MH pharmacy resident. His professional interests include mental health, ambulatory care, and interprofessional collaboration. Outside of work, Jesse enjoys exploring different restaurants and breweries around Minneapolis as well as staying active by swimming and running.*

*PGY-1 Project: Veteran Utilization of a Patient Centered Harm Reduction Education Program within the Minneapolis Veterans Affairs Health Care System (MVAHCS)*

## **PGY-2 Geriatric Pharmacy Resident**



*Hailee Griffin, PharmD., completed her Doctor of Pharmacy degree at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, after obtaining a Bachelor of Arts degree in Biology at Gustavus Adolphus College in St. Peter, Minnesota. During pharmacy school Hailee worked as an intern at Walgreens as well as a Student Ambassador for the University of Colorado. Throughout pharmacy school Hailee was on the executive board of the American Society of Consultant Pharmacists campus organization, where she organized events with the Denver Veterans Community Living Centers, among other geriatric interprofessional events. Her professional interests include geriatrics, ambulatory care, heart failure, and research. During her free time, Hailee enjoys playing with her dog Kona, hiking, camping, being out on the lake, and trying out new breweries with friends and family.*

*PGY-1 Project: Pharmacist Intervention to Increase Guideline Directed Medication Therapy in Veterans with Heart Failure Post-Hospitalization*

## **PGY-2 Pain Pharmacy Resident**



*Christy J. Varghese, PharmD., MBA., completed her Doctor of Pharmacy degree at Cedarville University School of Pharmacy in Cedarville, Ohio. During her time as a student pharmacist, Christy worked as a pharmacy intern at Walgreens and completed the VALOR internship at the Dayton VA Medical Center. During her time in pharmacy school, Christy was passionate about ambulatory care pharmacy and served as Operation Heart Chair of Cedarville's student chapter of the American Pharmacist Association Academy of Student Pharmacists, where she organized various health screening and later took on a more administrative roll as Membership Vice President. Her professional interests include pain management, palliative care, ambulatory care, and administration. Outside of work, Christy enjoys many outdoor activities such as hiking, long walks, traveling, and spending time with her family and friends.*

*PGY-1 Project: Development and Implementation of an Aspirin Deprescribing Protocol amongst the Elderly in an Ambulatory Care Setting*

## Program Directors



**Tessa Kemp, Pharm. D., BCACP, BCPP, BCGP, AAHIVP** completed her Doctor of Pharmacy degree from the University of Minnesota School of Pharmacy in 2005. Following graduation, she joined the Minneapolis Veterans Affairs Health Care System as a PGY-1 geriatric resident. After completing her residency, she continued on with the VA and is now a clinical pharmacy specialist in outpatient cardiology, hepatology, and HIV/infectious disease. She is also the PGY-1 pharmacy resident program director. Dr. Kemp is also actively involved with the University of Minnesota, North Dakota State University, and Creighton University as a preceptor for 4<sup>th</sup> year pharmacy students. She enjoys starting and expanding clinical services. New services she has implemented include a pharmacist lead heart failure clinic, electrophysiology clinic, HIV/PrEP/PEP clinic, travel medicine clinic, and insomnia clinic. In the past, she expanded services into geropsychiatry and helped develop shared medical appointments for diabetes and tobacco cessation. Previously she served on several committees/team, including the VA Clinical Pharmacy Practice Council (current), VA Regional Transgender Consultative team (current), VA National Cerner Pilot Reviewer (current), VA National Cerner Work Group (current), VA Peer Review Committee (past) and MSHP mid-year planning committee (past). She leads the Minneapolis VA Resident Advisory Committee (RAC) and works closely with the subcommittees, including the Preceptor Development Subcommittee, Research/Project Subcommittee, Philanthropy, Social, and Recruitment Subcommittee, Wellness Subcommittee, and the Interview and Selection Subcommittee. In her free time, she enjoys reading, walking, traveling, and spending time with her husband, daughter, and their fun dog Pigeon.



**Kara Wong, Pharm. D., BCPP** received her Doctor of Pharmacy degree from the University of Wisconsin-Madison School of Pharmacy, and completed her PGY-1 pharmacy practice residency at the Veterans Affairs Puget Sound Health Care System in Seattle, WA as well as her PGY-2 psychiatric pharmacy residency at Center for Behavioral Medicine in Kansas City, MO. She joined the Minneapolis Veterans Affairs Health Care System in 2013 as the inpatient mental health clinical pharmacy specialist and the PGY-2 psychiatric pharmacy residency program director. In 2022, she transitioned to a new role as facility Pain Management, Opioid Safety and Prescription Drug Monitoring Program (PMOP) coordinator. Within the VA she leads numerous quality improvement initiatives relating to safe pain medication and psychotropic use as well as expansion of pharmacy services, and serves on the Clinical Pharmacy Practice Office Mental Health Subject Matter Expert Workgroup. Dr. Wong is also actively involved in the American Association of Psychiatric Pharmacists (formerly the College of Psychiatric & Neurologic Pharmacists), and has served on the Business Development Committee (2012-2013), the Publications and Online Products Committee (2013-2014), the Psychiatric Pharmacotherapy Review Course Medication Table Editorial Board (2014) and the BCPP Recertification Editorial Board (2015 – Present, currently serving as Co-Chair).

## Program Directors Continued



***Melissa Atwood, Pharm.D., BCPS, CDCES, BCACP, BCGP** received her Pharm. D. degree from the University of Minnesota and completed a residency with the University of Minnesota and Ridgeview Medical center. She joined the Minneapolis VA in 2000. She is currently a Home Based Primary Care (HBPC) Pharmacist and is the program manager for HBPC, GRECC, SCI and specialty medicine pharmacy programs. She is also the Residency Program Director for the PGY-2 Geriatrics pharmacy program. She serves as a preceptor for both PGY-1 general and PGY-2 geriatric residents for HBPC and GRECC interprofessional patient care rotations. In addition to precepting residents, she also precepts APPE students. Her interest/practice areas include geriatrics, diabetes, nephrology and primary care. Her research interests are in interprofessional care.*



***Ashley Fike, Pharm.D., MPH** received her Doctor of Pharmacy degree from the University of Minnesota College of Pharmacy in 2018. She completed a PGY1 residency at Regions Hospital in St. Paul, MN with an emphasis on acute and critical care medicine in 2019, and was the first graduate of the Pain Management & Palliative Care PGY2 residency program at the Minneapolis Veterans Affairs Health Care System in 2020. Following residency, she accepted the role of Opioid Stewardship and Pain Management clinical pharmacy specialist at McLeod Regional Medical Center in Florence, South Carolina. Ashley rejoined the VA in 2022 as the Pain Management, Opioid Safety, and PDMP (PMOP) facility coordinator at the New York Harbor VA in New York, NY. She has since transferred to the Minneapolis VA where she currently serves as the pain management clinical pharmacy practitioner in the Comprehensive Pain Center, and will be assisting with the Minneapolis Pain Management and Palliative Care PGY2 residency program. Her professional interests include perioperative pain management, addiction medicine, medications for opioid use disorder (MOUD), headache & migraine management, and opioid safety. Outside of work, she enjoys trying new restaurants with friends, traveling, attending the Minnesota Opera, and spending time with her black Labrador, Maige.*



## Preceptors

**Simon Akerman, Pharm.D.**, is an Inpatient Clinical Pharmacist and a preceptor for the cardiology and advanced cardiology medicine rotation. He graduated from the University of Minnesota Duluth in 2008, then completed a general PGY-1 residency at the Hennepin County Medical Center. Upon completion of residency, he worked outside of the VA for several years before accepted a position as a clinical pharmacist at the Minneapolis VA. In his free time, he enjoys reading and spending time with his family.



**Lisa Anderson, Pharm.D., BCACP, DPLA** is the Chief of Pharmacy and a preceptor for the administrative rotation. She graduated from North Dakota State University in 2002 and went on to work as a retail pharmacist for Target pharmacy after graduation. In 2007, she accepted a position as a clinical rotating pharmacist at the Minneapolis VA and served in several leadership positions until moving into the Chief of Pharmacy position in 2020. She was awarded Civil Servant of the Year in 2016 by the Federal Executive Board of Minnesota. In her free time, she enjoys spending time up at the lake with her husband, 3 boys, and their lovable lab Eddy.



**Amy Awker, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist Practitioner at the Northwest Metro VA Community Based Outpatient Clinic. She graduated from the University of Minnesota College of Pharmacy in 2015 and then completed a PGY-1 general pharmacy practice residency at the Minneapolis VA Health Care System. She then became a rotational staff pharmacist and worked in both the outpatient and inpatient settings before moving to her current role as a PACT (Patient Aligned Care Team) Clinical Pharmacist Practitioner in 2017. She maintains board certification in pharmacotherapy and has a passion for working with patients and helping them manage their chronic disease states through a patient-centered approach within the primary care setting. Additionally, she enjoys working within the interprofessional PACT model, as well as precepting students and residents.



**Martin Bloch, PharmD., BCPP** is a Mental Health Clinical Pharmacy Practitioner for the Minneapolis VA and Academic Detailer for VISN 23. He first joined the Minneapolis VA in 2013 as a pharmacy intern, and later completed both the PGY-1 and the PGY-2 Psychiatric residency programs at the Minneapolis VA. After residency, Martin continued working at Minneapolis VA as a mental health pharmacist, primarily supporting outpatient clinics in rural Minnesota and Wisconsin. In 2019, he joined the newly formed VISN 23 Academic Detailing team, where he now spends the majority of his professional time. His clinical time is currently spent providing psychiatric medication management for older adults and collaborating with the treatment-resistant depression consult group at the Minneapolis VA. He precepts first- and second-year pharmacy residents in geriatric psychiatry and academic detailing. Martin's professional interests include psychiatric pharmacy, addiction recovery, whole health, and teaching.



## Preceptors Continued



**Jeremy T. Boehme, Pharm.D., BCACP** is a clinical pharmacy specialist servicing the Rice Lake and Hayward, Wisconsin Community Based Outpatient Clinics. Jeremy graduated from Idaho State University College of Pharmacy, and worked in a community based retail clinic in rural Idaho. He completed his ambulatory care focused PGY-1 residency at the Lincoln, NE VA clinic, and during his residency his research focused on immunization effectiveness for healthcare workers. Jeremy's interests include, academics, teaching, and student and resident training. During his residency he completed a teaching certificate, and also taught in the academic skills lab at Creighton University. His continued interests include diabetes, immunization, ambulatory care medicine, and integrating clinical pharmacy into the pharmacy patient-aligned care team (PACT).



**Amanda Boese, Pharm.D., BCPS** is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated from North Dakota State University in 2012, then completed a general PGY-1 residency within the Mayo Clinic Health System. Upon completion of residency, she accepted a position as a clinical rotating pharmacist at the Minneapolis VA. She serves on the Residency Advisory Committee and contributes to several subcommittees. In her free time, she enjoys home improvement, trying new foods, and spoiling her dogs.



**Josh Brockbank, PharmD**, is one of the two outpatient telepsychiatry clinical pharmacy specialists (CPS) at MVAHCS. His position focuses on improving access to psychiatric medication management for veterans connected to the outpatient clinics in northern Minnesota and Wisconsin. He received his PharmD from the University of Utah and completed his PGY1 (Mental Health emphasis) and PGY2 (Psychiatric Pharmacy) residencies at the Minneapolis VA. After finishing residency, Josh worked as an inpatient clinical pharmacist with the Specialty team, working in Med-Surg and inpatient psychiatry at the Minneapolis VA hospital. After the approval for Minneapolis VA's second CPS position from the national Clinical Pharmacy Specialist Rural Veteran Access Initiative (CRVA) Diffusion program, Josh transitioned into his new role providing psychiatric medication management via telephone and video chat appointments. His professional interests include addressing health disparities experienced by LGBTQ+ veterans and collaborating with patients in their care using a Whole Health approach. Outside of work, Josh enjoys singing in choirs, cooking, and cuddling with his two cats (Francis and Archibald).

## Preceptors Continued



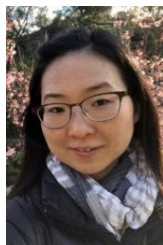
**Julia Buteyn, PharmD.**, completed her Doctor of Pharmacy degree at the University of Minnesota College of Pharmacy (Twin Cities Campus), after obtaining a Bachelor of Science degree in Nutritional Science from Iowa State University. Throughout pharmacy school, Julia worked as a pharmacy intern at Park Nicollet Methodist Hospital. She served as one of the Philanthropy chairs for Phi Delta Chi Pharmacy Fraternity and helped organize events to support St. Jude Children's Research Hospital. She also was one of the Basic Life Support (BLS) coordinators through Phi Lambda Sigma Leadership Society, where she organized and taught BLS classes for pharmacy students and faculty. Her professional interests include ambulatory care, geriatrics, and hospice. When not working, Julia enjoys being outdoors, traveling, spending time with family and friends, and trying new restaurants/breweries.



**Desmond Cariveau, PharmD, BCPS** is an Ambulatory Care Clinical Pharmacist. He graduated from the University of North Carolina Eshelman School of Pharmacy in 2019, and completed a one-year residency with the Minneapolis VA. Upon completion of residency, he stayed at the Minneapolis VA and worked as a staff inpatient pharmacist. In 2021, he transitioned to the ambulatory care team and became the Clinical Pharmacy Specialist for the Rochester CBOC. His chief interests are chronic disease management, population health, medication deprescribing, and integrating pharmacy learners into clinical practice. He looks forward to working with future residents interested in ambulatory care!



**Beth DeRonne, PharmD**, is a clinical pharmacy specialist and health services researcher in the Center for Care Delivery and Outcomes Research, a VA Health Services Research Center of Innovation. She serves as a preceptor for an elective PGY-2 research rotation and as a preceptor for the PGY-1 longitudinal project management rotation. Additionally, she serves as a project advisor for both PGY-1 and PGY-2 medication use evaluations and residency projects. She received her PharmD degree from the University of Minnesota College of Pharmacy and completed a Pharmacy Practice Residency at the Minneapolis VA. Her practice and research interests focus on chronic pain, buprenorphine prescribing, tobacco cessation, and improving chronic disease management by increasing pharmacist involvement in primary care.



**Reika Ebisu, PharmD, BCPS**, is the hospice/palliative care clinical pharmacy specialist, and the preceptor for PGY-1 pharmacy residents and the PGY-2 Pain and Palliative Care resident. She received her PharmD from the University of Minnesota College of Pharmacy in 2012 and completed a general PGY-1 residency at Advocate Christ Medical Center in Oak Lawn, IL. After residency, she joined the Minneapolis VA in 2013 as a clinical rotating pharmacist, and is currently the hospice/palliative care clinical pharmacy specialist. She helped expand pharmacy's role into the outpatient Hospice/Palliative team in 2020. Her interests include medication optimization through an interdisciplinary approach and ensuring these actions align with patient goals of care.

## Preceptors Continued



**Karen Gallus, Pharm.D., BCPS** is a Primary Care Clinical Pharmacy Specialist. She graduated from the University of Minnesota in 2005 and completed the Pharmaceutical Care and Leadership Residency at the University of Minnesota. After residency, she took a position at Midwestern University in Glendale, Arizona as an assistant professor in the pharmacy practice department and had a practice site at Mountain Park Health and at the Phoenix VA. In 2010, She returned to Minnesota to work at the St. Cloud VA. She worked as a Clinical Pharmacy Specialist in primary care and in the Community Living Center (CLC) and served as a residency preceptor. She transitioned to the Minneapolis VA in 2018. At the Minneapolis VA, she works with primary care teams at the Northwest Metro Clinic and the Maplewood Clinic.



**Meagan Gartner, Pharm.D., BCACP** is an ambulatory care Clinical Pharmacy Specialist. She graduated from the University of Minnesota College of Pharmacy in 2018 and completed her PGY-1 ambulatory care/rural health and PGY-2 geriatrics residencies with the Minneapolis VA Health Care System. After residency she worked as a staff pharmacist in Outpatient Pharmacy, as the Maplewood CBOC PACT pharmacist, and is transitioning into a role with Home-Based Primary Care (HBPC). She will be a co-preceptor for the HBPC rotation and precepts APPE students for ambulatory care rotations. Some of her professional interests include geriatrics, increasing empagliflozin prescribing, and deprescribing unnecessary medications. Her personal interests include fishing, hiking, reading, and spending time with family and friends.



**Eric Geurkink, Pharm.D., BCPS, MBA** is Antimicrobial Stewardship Pharmacy Program manager. He graduated from the University of Wisconsin SCHOOL of Pharmacy in 1999, and then completed a post-graduate year one residency with Medicine Shoppe and the University of Wisconsin. From 2000 to 2001 he was Managing Pharmacist of ThedaCare Pharmacy in Shawano, Wisconsin. He came to the Minneapolis VAMC as a staff pharmacist in June 2001. At the Minneapolis VA he has held various positions, including inpatient clinical pharmacist, antimicrobial computer decision support pharmacist, spinal cord injury unit inpatient pharmacist, associate chief of pharmacy, and PACT pharmacist. He received his MBA from the University of Minnesota in 2010. He is board certified in pharmacotherapy.

## Preceptors Continued

**Kelli Hall**, PharmD, BCPS, is the inpatient polytrauma/acute rehabilitation clinical pharmacist, and the preceptor for elective rotations for the PGY-1 pharmacy residents and the PGY-2 Pain and Palliative Care resident. She received her PharmD from North Dakota State University College of Pharmacy in 2006 and completed a general PGY-1 residency at Essentia Health-St. Mary's Medical Center in Duluth, MN. After residency she worked at the Park Nicollet Clinic Pharmacy in St. Louis Park, MN, helping to establish their Medication Therapy Management Program. She joined the Minneapolis VA team in 2008 as a clinical rotating pharmacist, transitioned to an inpatient acute care medication reconciliation clinical pharmacist, and is currently the inpatient polytrauma/acute rehab clinical pharmacist. In addition to precepting residents, she also precepts IPPE students for institutional hospital focused rotations. She has a passion for providing comprehensive pharmaceutical care for traumatic brain injury patients in a patient-centered, team-based interdisciplinary model of care. Her personal interests include running, biking, fishing, traveling, working on home improvement projects, and spending time with family and friends.



**Andrea Hegland**, Pharm.D. is an Inpatient Rotational Pharmacist and a preceptor for the inpatient staffing longitudinal rotation. She graduated from South Dakota State University in 2018 and completed a general PGY-1 residency at the Minneapolis VA Medical Center in 2019. Her residency project, "Pharmacist Driven Deprescribing of Inhaled Corticosteroids in Patients with Stable Chronic Obstructive Pulmonary Disease," was presented at the 2020 American Thoracic Society (ATS) International Conference and published in the Annals of ATS. Following residency, Andrea was hired to her current position where she rotates through covering various areas, primarily including the following: central pharmacy, OR pharmacy, 2L (post-operative ward), and inpatient psychiatry. In addition to precepting residents, she is an intern mentor, New Nurse Orientation presenter, and Preceptor Development Subcommittee member.



**Alex Hennen**, Pharm.D. is one of the preceptors for the PGY-1 geriatric rotations as well as a primary preceptor for the PGY-2 geriatrics residency. He received his Doctor of Pharmacy Degree in 2014 from the University of Minnesota College of Pharmacy: Twin Cities Campus and completed an ambulatory care focused PGY-1 residency at the St. Cloud VA Health Care System. He went on to work at the Denver VA Medical Center before returning to Minnesota and becoming the Extended Care and Rehab program manager and clinical pharmacist for the Community Living Center at the Minneapolis VA Health Care System. His clinical interest include chronic disease management with a special interest in providing comprehensive pharmaceutical care for geriatric patients. His personal interests include running marathons, golfing, following Minnesota sports teams, and traveling.



## Preceptors Continued



**Annie Hertel, PharmD.**, completed her Doctor of Pharmacy degree at the University of Minnesota-Twin Cities. Prior to pharmacy school, Annie completed her Bachelor of Science degree in Biology and Spanish at the University of Wisconsin Madison. She went on to work in a biomedical research lab, where she decided she would rather be on the patient side of medicine triggering her career in pharmacy. During Pharmacy school, Annie sought out opportunities for direct patient care by working as an intern at the Minneapolis VAMC and volunteering at the Phillips Neighborhood Clinic. Her professional interests include mental health, interprofessional teamwork, and precepting. In her free time, Annie enjoys being outdoors, relaxing on the water, and trying new local breweries with family and friends.



**Rachel Hokeness, Pharm.D.** is an inpatient rotational pharmacist and staffing preceptor for the MVAHCS PGY-1 residency program. She graduated from South Dakota State University in 2014 and completed a general PGY-1 residency at Avera McKennan Hospital & University Health Center. Following residency, she stayed at Avera McKennan as an inpatient rotational pharmacist until moving to the Twin Cities and accepting a job as a rotational pharmacist at the Minneapolis VA in 2016. In her free time, she enjoys anything sports related, being outdoors, and spending time with family and friends.



**Lindsey Jones, Pharm.D.**, BCACP is clinical pharmacist in specialty care (Renal, Metabolic/Endocrine, Pulmonology and Rheumatology) at the Minneapolis VA Medical Center. She received her Pharm. D. from the University of Minnesota Duluth and completed a Pharmacy Practice Residency at the Minneapolis VA. She serves as a preceptor for the ambulatory care rotations for 4<sup>th</sup> year APPE students and for PGY1 Pharmacy Residents. She is also one of the primary providers involved in a diabetes shared medical appointment.



**Travis Liebhard, PharmD.** is an Inpatient Clinical Pharmacist and preceptor for the cardiology rotation. He graduated from University of Minnesota, Twin Cities in 2016, then completed a PGY-1 residency at the Minneapolis VA Health Care System. Upon completion of residency, he accepted a position as a rotational clinical pharmacist for the surgery, ICU, and mental health specialties. In 2018, he accepted a position as the cardiology team lead. In his free time, he enjoys spending time with his family, playing sports, and being outdoors.

## Preceptors Continued



**Rebecca Marraffa, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist in the Academic PACT (Patient Aligned Care Team) at the Minneapolis VA Medical Center. She received her Pharm. D. degree from the University of Minnesota and completed a Pharmacy Practice Residency at the Minneapolis VA. Following completion of her residency, she worked in ambulatory care at Memorial Hermann – Texas Medical Center in Houston, specializing in anticoagulation management. Now back at the Minneapolis VA, she works closely with medical resident physicians within the Academic PACT, and precepts pharmacy students and PGY-1 residents in longitudinal case management and ambulatory care rotations. Her clinical practice interests include diabetes management, tobacco cessation, and an interdisciplinary approach to primary care.



**Jordan Michaels, Pharm.D., BCACP** is an Ambulatory Care Clinical Pharmacist in the Primary Care Patient Aligned Care Team (PACT). She is a preceptor for the PGY-1 and PGY-2 Geriatrics program. She received her Pharm.D. at the University of Mississippi. She completed her PGY-1 in pharmacy practice at the G.V. (Sonny) Montgomery VA hospital in Jackson, MS before completing a PGY-2 in Geriatrics at the Minneapolis VA Health Care System. Her clinical interest include geriatrics, diabetes, and tobacco cessation. She enjoys traveling and spending time with family and friends.



**Emily Milliren, Pharm.D., BCACP** is a clinical pharmacy specialist for a primary care Patient Aligned Care Team (PACT) at the Minneapolis VA Medical Center. She serves as a preceptor for ambulatory care rotation for 4<sup>th</sup> year APPE students and PGY1 Residents. She graduated from Drake University in 2014 and completed a PGY-1 Community Residency through the St. Louis College of Pharmacy at L&S Pharmacy in Charleston, MO. Her clinical interests include diabetes, tobacco cessation, and medication therapy management. She serves as one of the primary providers involved in a diabetes shared medical appointment at the Minneapolis VA. Her personal interests include spending time with family and traveling.



**Todd Naidl, Pharm.D., BCPS** is an Ambulatory Care Clinical Pharmacist working in one of our primary care clinics with three Patient Aligned Care Teams (PACT). He received his Pharm. D. from the University of Minnesota-Twin Cities. After working several years as a rotational staff pharmacist at the Minneapolis VA, he moved into his current position, where he has practiced since 2005. He has been a faculty teacher with the Twin Cities Health Professionals Education Consortium since 2006. In 2009, he was awarded the Civil Servant of the Year award. His clinical practice interests include pain, comprehensive medication management, tobacco cessation, and holistic and integrative medicine. He enjoys spending time outdoors with his friends and family.



## Preceptors Continued



**Chris Ploenzke, PharmD, BCACP** is an Ambulatory Care Clinical Pharmacy Specialist and project management experience advisor; he also serves as a preceptor for elective rural ambulatory care rotations for the PGY-1 pharmacy residents. He graduated from the University of Minnesota School of Pharmacy in 2014 and then completed an ambulatory care PGY-1 residency through the Minneapolis Veterans Affairs Health Care System. He has continued his professional career at the VA practicing at the Chippewa Valley outpatient primary care clinic in Chippewa Falls, WI. In addition to facilitating the PGY1 resident project and MUE experience, he also precepts APPE students from numerous colleges. His clinical passions include comprehensive care for metabolic syndrome, hypogonadism, and primary care integration of substance use disorder. He has also completed certification for Pharmacotherapy and Drugs in Sport. He is an avid cross-country skier, runner, and hunter, and enjoys socializing with friends and family.



**Heather Poepping, PharmD, BCACP**, is an outpatient anticoagulation clinical pharmacy specialist and the preceptor for the elective rotation for PGY-1 pharmacy residents. She received her PharmD from the University of Minnesota Twin Cities School of Pharmacy in 2008. She came to the Minneapolis VAMC as a clinical rotating staff pharmacist in August 2008 and transitioned to an anticoagulation clinical pharmacy specialist in 2013. In addition to precepting residents, she also precepts APPE students for a patient care elective in anticoagulation. She has a passion for patient-centered care, working within a team-based interdisciplinary model of care. Her personal interests include hiking, camping, biking and spending time with family and friends.



**Kevin Rauwerdink, Pharm.D., BCPP** is an ambulatory care clinical pharmacist for the Comprehensive Women's Health Clinic and Primary Care Patient Aligned Care Team (PACT) within the Minneapolis VA Medical Center. He also serves as a national consult pharmacist for the VA Transgender and Gender-Diverse Consult Team. Kevin is the primary preceptor for the women's health longitudinal experience and the elective women's health ambulatory care rotation. He graduated from North Dakota State University in 2017 then completed the PGY-1 mental health track residency and PGY2 psychiatric residency through the Minneapolis VA prior to becoming a staff pharmacist. His professional interests include hormone therapy management, pain management, and mental health care. Outside of work, Kevin enjoys playing video games, going to the zoo, and spending time with his pets.

## Preceptors Continued



**Brendan Salo, Pharm.D.** is a Community-Based Outpatient Clinic (CBOC) Clinical Pharmacy Specialist (CPS) at the Hibbing VA CBOC. He graduated from the North Dakota State University College of Pharmacy in 2016. From 2016 to 2018 he worked as the outpatient pharmacist at the Hibbing VA CBOC for the contractor, Sterling Medical. In this position, he managed all anticoagulation patients at the Hibbing/Ely CBOCs, while also remotely covering the St. James/Lyle C. Pearson VA CBOC anticoagulation patients for a period. He then spent 2018 to 2020 as a staff pharmacist at Walmart in Hibbing, MN, before starting his current position with the Minneapolis VAMC at the Hibbing CBOC in late-summer, 2020. He also provides remote coverage for the Ely CBOC and for one Patient Aligned Care Team (PACT) panel at the Twin Ports CBOC. His main interests include comprehensive pharmaceutical care in the primary care setting, encouraging healthy lifestyle modifications to promote overall health, and working with all members of the PACT to help achieve good outcomes. His personal interests include fishing, hunting, camping, and spending time outdoors with family and friends.



**Jacob W Schultz, Pharm.D., BCPS** is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. He graduated from University of Minnesota in 2015, then completed a general PGY-1 residency here at the Minneapolis VA as one of the general PGY-1. Upon completion of residency, he accepted a position as a admit/discharge pharmacist at the Minneapolis VA, and later converted to the Green Inpatient Clinical Pharmacist position. He has helped revise the current Drug Reconciliation on Admit process and stayed involved in a variety of subcommittees including transitions of care and inpatient tobacco cessation. He goes by Jake typically, although he uses Jacob when making reservations at a restaurant or checking in at the doctor's office. Jake is an avid gamer. He also enjoys watching Minnesota sports, spending time at the cabin during the summer, exploring new foods and restaurants. His favorite burger in Minneapolis is at Parlour Bar. However, his favorite Juicy Lucy is from Matt's Bar.



**Samuel Schieffer, Pharm.D.**, is an Inpatient Rotational Pharmacist primarily working in the SICU, post surgical floor, and Emergency Department. He graduated from University of Wisconsin-Madison School of Pharmacy in 2020, and then completed a one-year PGY1 Residency at the Minneapolis VA HCS. After completing residency, he joined the inpatient pharmacy staff at the Minneapolis VA as a "7-on 7-off" evening pharmacist, until joining the inpatient specialty team as a rotational pharmacist in 2022. His chief interest areas include critical care, cardiology, and infectious disease. Outside of work, he spends most of his time cheering for the Wisconsin Badgers, golfing, or traveling!

## Preceptors Continued



**Anna Sciegienka, Pharm.D., BCPS** is a lead outpatient pharmacist and preceptor for the outpatient pharmacy staffing experience of the PGY-1 residency program. She graduated from the University of Iowa in 2013 and completed a PGY-1 pharmacy practice residency at the Iowa City VA. After residency, she moved to the Twin Cities and joined the Minneapolis VA Pharmacy family in 2014. After work, Anna enjoys hanging out on the patios of various fine Twin Cities eating establishments, preferably with her dog, Piper.



**Kellianne Tang, Pharm.D., BCPS** is an Inpatient Clinical Pharmacist and a preceptor for the internal medicine rotation. She graduated in 2008 from the University of Georgia and went on to complete a pharmacy practice residency at the Medical University of South Carolina. Following residency, she stayed at MUSC and worked on the inpatient hematology/oncology team before coming to the Minneapolis VA in 2013. Her personal interests include avoiding cold weather and watching Netflix with her awesome dog, Maddie.



**Kim Thumser, Pharm.D., BCPS** is an inpatient clinical pharmacist and a preceptor for the PGY1 internal medicine rotation. She received her Pharm.D. from Drake University and completed a PGY1 residency at Mayo Clinic Hospital - Rochester. Her clinical practice interests include GI/liver conditions, infectious diseases, and transitions of care. In her free time, she enjoys reading, playing the piano, and collecting vinyl records.



**Lindsey Timm, PharmD, BCACP, CDE**, is the Associate Chief of Pharmacy for Education and Quality Assurance. She also practices as an Ambulatory Care Clinical Pharmacy Specialist in the primary care setting. She received her PharmD from the University of Nebraska Medical Center and completed a PGY-1 residency and PGY-2 residency focused in primary care and academia through Providence Health System in Portland, Oregon. Prior to joining the Minneapolis VA team in 2015, Lindsey held positions as an Assistant Professor of Pharmacy Practice at St. Louis College of Pharmacy and an Ambulatory Care pharmacist practitioner with Allina Health. In addition to precepting residents, she also precepts APPE students for management and quality focused rotations. Her clinical practice interests include safety and quality improvement, diabetes, hypertension, women's health and transgender care, process improvement, and interprofessional practice models.

## Preceptors Continued



**Andra Trakalo, PharmD., BCPP**, completed her Doctor of Pharmacy degree at the University of Minnesota – Twin Cities after obtaining a Bachelor of Arts with a major in biology at Gustavus Adolphus College. Dr. Trakalo completed her PGY1 and PGY2 residencies at the Minneapolis VAHCS, specializing in psychiatric pharmacy. Following residency, she joined the Minneapolis VAHCS as a mental health clinical pharmacist practitioner (MH CPP), where she provided telehealth care for six Community Based Outpatient Clinics. She recently transitioned into a new role as the MH CPP for the Serious Mental Illness (SMI) Outpatient Team, Team Z. Additionally, she is a member of the Resident Wellness Committee. Professional areas of interest include SMI and substance use disorders.. Outside of work, Dr. Trakalo enjoys spending time with friends and family, the outdoors, and travel.



**Shannon Tulk, Pharm.D., BCPS** is an Extended Care & Rehab Clinical Pharmacist and a preceptor for the CLC rotation, Dementia/MH unit. She graduated from University of Arizona in 2014 before completing a general PGY-1 residency within the VA system at Captain James A. Lovell Federal Healthcare Center (FHCC) in North Chicago. Upon completion of residency, she spent two years at the Washington D.C. VA Medical Center before moving back to her home state of Minnesota. She serves on the Residency Advisory Committee and is head of the Philanthropy, Social and Recruitment Subcommittee. In her free time, she enjoys camping, reading and spending time with her daughter Lily, Australian hubby Tim, dog Chloe and cat Mojo.



**Orly Vardeny, Pharm.D., MS** is Specialty Care clinical pharmacy specialist at the Minneapolis VA Medical Center. Her practice focuses on outpatient medical management of patients with heart failure and cardiac transplant recipients. Dr. Vardeny obtained her PharmD from the University of Utah, and thereafter completed a PGY-2 Ambulatory Care Specialty Residency at the University of Utah Hospitals and Clinics, and a Cardiovascular Pharmacotherapy Fellowship at the University of Utah. Prior to joining the Minneapolis VA, Dr. Vardeny served as faculty at the University of Wisconsin-Madison School of Pharmacy. Dr. Vardeny has an active federally funded clinical research program studying novel therapies for heart failure and the interplay between infectious disease and cardiovascular disease. Outside of work, Orly enjoys spending time with her kids, running, biking, and hiking.



## Preceptors Continued

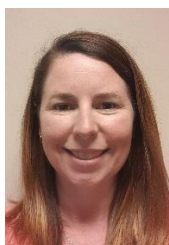


**Elizabeth Welch, Pharm.D., BCACP** is the Associate Chief of Pharmacy for Outpatient Operations. She received her Pharm.D. degree from the University of Minnesota Twin Cities and completed a PGY-1 residency at the Minneapolis VA Health Care System following graduation. After rotating as a clinical staff pharmacist for 3 years, Elizabeth became the first Clinical Pharmacy Specialist to join the PACT teams located at the Maplewood VA Clinic. In October of 2017, Elizabeth participated in the Diffusion of Excellence to help integrate PACT CPSs more intimately within the interdisciplinary team. At this time, Elizabeth also took on the role of supervising all of the PACT CPSs located in the Community Based Outpatient Clinics (CBOCs) within the Minneapolis VA HCS along with one PACT pharmacy technician providing support for our CBOCs. In July of 2021, Elizabeth transitioned to her newest role as the Associate Chief of Pharmacy for Outpatient Operations. Her primary interests include expansion of clinical pharmacy services, working with learners and facilitating a whole health model approach to help care for our nation's Veterans.



**Carrie Wenner, Pharm.D.** is the preceptor for the Critical Care and Advanced Critical Care experiences for the PGY-1 general and mental health residents. She graduated from North Dakota State University College of Pharmacy. After graduation, she completed a General Practice Pharmacy Residency at the Minneapolis Veteran Affairs Medical Center. She worked at United Hospital in St Paul, MN as clinical specialist in ICU/Heart-Lung areas for 4 years prior to coming back to the VA Medical center to be a critical care specialist. She holds a Clinical Instructor appointment through the University of Minnesota College of Pharmacy.

**Anders Westanmo, Pharm.D., MBA** is a clinical pharmacy informaticist who specializes in quality and data. He received his Pharm.D. from the University of MN in 2003 and completed a PGY1 general practice residency at Fairview University Residency program in 2004. He became BCPS certified in 2005 and went on to complete an MBA in 2009, Project Management Professional certification in 2010, and Lean Six Sigma Black Belt certification in 2011. The first five years of his practice were focused on clinical and management aspects of pharmacy practice, but for the past decade he has been working on using data to improve health and business outcomes.



**Ashley Wilkins, PharmD, BCPS, CDCES** is an outpatient clinical pharmacy specialist in the Spinal Cord Injury and Disorders clinic. She graduated from South University in Savannah, GA in 2012 and completed her PGY1 residency at Providence St. Peter in Olympia, WA. Since completing residency Ashley has worked in several practice settings within the VA and Department of Defense including primary care, anticoagulation clinic, and pain management. Her professional interests include diabetes management, preventative care, medication safety and improving health outcomes through technology and telemedicine. Personal interests include travelling and exploring new cities with her active duty Army spouse and family.

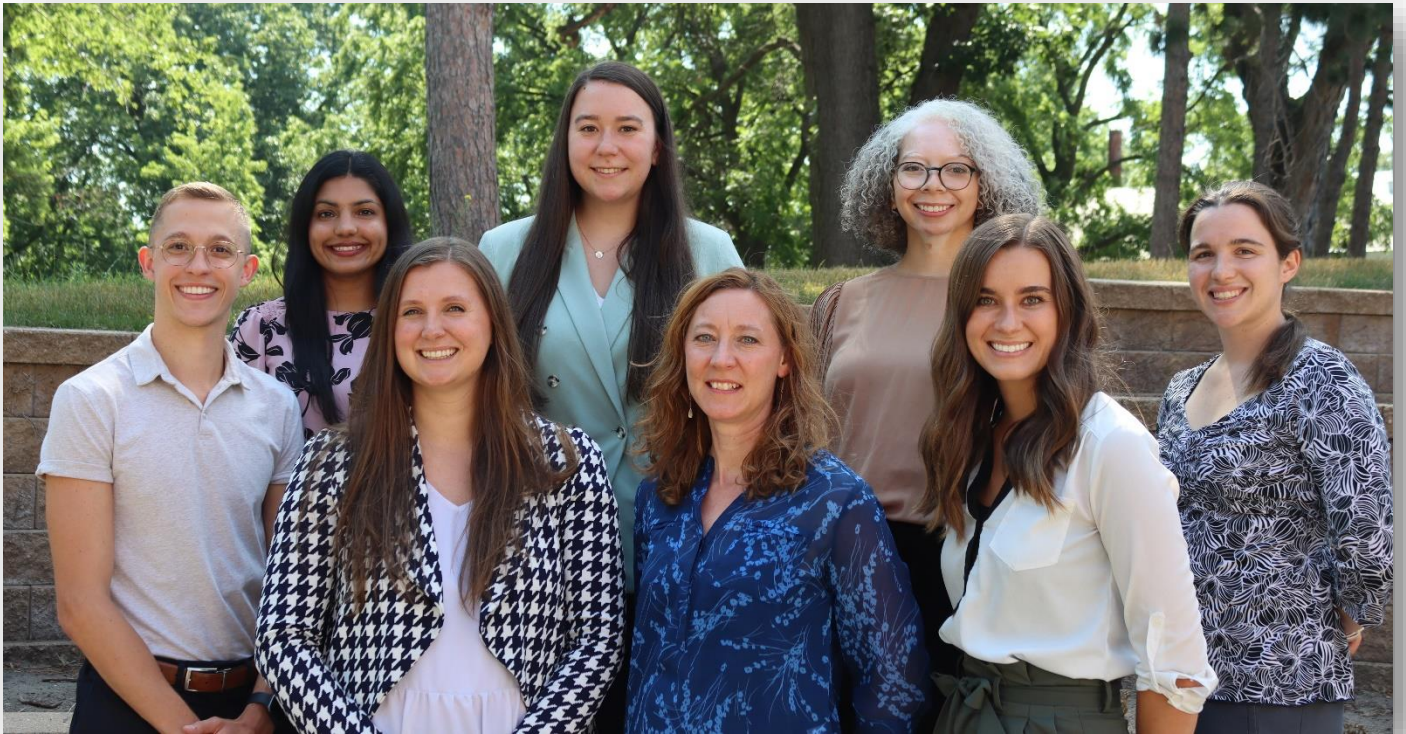
*Other Preceptors: Martin Bloch, Andyrose Fernandes-Reese, and Jennifer Zenker*

## Current Resident Class: 2022-2023

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*Back row: Jesse Upton, Christy Varghese, Siri Roberts, Leyla  
Rashid and Alyssa Isola*  
*Front row: Hailee Griffin, Becky Thelen and Sabrina Sturm*

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## Past Resident Classes:

2021-22:



2020-21:



2019-20:



2018-19:



2017-18:



2016-17:





Outdoor activities are popular in Minnesota and include hiking, biking, running, skiing, snowboarding, snow tubing, ice skating, rollerblading, football, basketball, tennis, swimming, hockey, softball, baseball, volleyball, golf, sailing, paddle boarding, canoeing, hunting, fishing, and many more. Intermeral sports are abundant or just have some casual fun. Many do bike in the winter months, high five to them I couldn't do it!

